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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME CASES SHOWING THE EFFICACY OF ANTISEPTIC TREATMENT IN PUERPERAL DISEASES AS THEY OCCUR IN PRIVATE PRACTICE.

BY J. H. VOIGT, M. D.

Of Fredonia, Wisconsin.

Case 1. Mrs. J., farmer's wife, age 30, multipara, was delivered of a healthy child May 8, 1882, by a midwife. Patient had the week previous a mild attack of scarlatina, the eruption having just faded at delivery. Had a slight chill on the 9th; a severe one on the 11th. Am called in to-day, the 12th. Patient is restless, and has an anxious, sunken expression; complains of thirst and pain in all bones. Skin hot and dry. Has a little pain over the region of the womb. Bowels loose and tympanitic; urine highly colored; vagina hot; womb large and a little tender; lochia fœtid. Pulse 120. Respiration 32. Temperature 104. Diagnosis: Endometritis with septicæmia.

Ordination:

R. Quiniæ sulph.,	℈j.
Acid muriat. dil.,	ʒij.
Acid carbolic,	gtt.xxiv.
Aquæ font.,	℥viij.

M. D. S.—Every three hours a tablespoonful in daytime.

At 8 p. m., quinia sulph. gr. x, and of the following mixture two tablespoonfuls to a pint of warm water as a vaginal injection three times a day:

R. Acid carbolic. liq.,	℥ss.
Tinct. iodinii,	ʒij.
Aqua font.,	℥vij. M.

May 13. Pulse 108, respiration 28, temperature 103. Patient has had no chill since the 11th; bowels are a little loose and tympanitic yet; urine high colored; had a little delirium in the evening; other symptoms as before.

Ordination: The same as yesterday, with light, nourishing diet. Leave 10 grain quinine powders for two days.

May 15. Pulse 112, respiration 36, temperature 101. Patient passed a comfortable day yesterday; has been a little delirious during first part of night, but has slept well since midnight for the first time; is very weak; has not much appetite; not much thirst; general appearance a little better. Bowels a little loose yet, and more tympanitic, as before. Urine high colored; no albumen.

Ordination: Give in the mixture, in place of water, French cognac, and order a turpentine stupe. Quinine powders the same as before.

May 17. Pulse 100, respiration 36, temperature 191. Patient feels better, has some appetite, sleeps well nights, has had no more chills since the 11th, mind clear, expression of face more natural. Bowels move once a day, urine clear, there is no pain on pressure over the womb, hardly any discharge from vagina, no fœtor, a little tympanitis yet.

Ordination: Mixture only to be given 4 times a day, another turpentine stupe and quinine powders as before, with nourishing diet.

May 19. Pulse 90, respiration 28, temperature 101. Patient is cheerful, expression of face natural, has appetite, sleeps well, absolutely no tenderness anywhere, no more chills, urine normal, bowels move twice a day—yet some tympanitis.

Ordination: Mixture and powders as before.

Vaginal injection once a day, one more turpentine stupe.

May 21. Husband comes to my office and reports patient much improved; has appetite and gains in strength. Discontinue quinine powders in the evening, also the mixture, and give in place the following:

℞. Quiniæ sulph., gr. x.
Tinct. ferri muriat.,
Tinct. digital.,
Potass. chlorat., āā ʒ ij.
Syr. simplicis, ʒ j.
Aquæ font., ʒ viss.

M. D. S.—Every 4 hours a tablespoonful; continue vaginal injections once a day.

May 26. Pulse 72, respiration 28, temperature 98½. Patient feels perfectly well, has been freely desquamating the last few days (the first time since her attack of scarlatina), and is now slightly perspiring. Discontinue all treatment, and order good care and nourishing diet.

Case 2. Mrs. D., farmer's wife, age 28, multipara, has been delivered by a midwife 3 weeks previous to my visit.

June 7, 1882. Had a severe hemorrhage from the womb a week after delivery, began to feel hot after that, and had a slight chill yesterday. Present condition: Patient is very anæmic, has great thirst, no appetite, and is otherwise indifferent. Some tympanitis, womb large, painful on pressure, with a deep bilateral laceration of cervix and fœtid discharge from vagina. Pulse 120, respiration 30, temperature 105. Bowels regular, urine high colored, no albumen.

Diagnosis: Same as in first case, here probably due to retained decomposing shreds of membrane, or infection through the laceration in consequence of the filthy habits and surroundings.

Ordination:

℞. Quiniæ sulph., gr. viij.
D. tal. dos. No. iv.

S.—1 powder morning and night.

℞. Acid. carbolic, gtt. xx.
Quiniæ sulph., gr. xv.
Tinct. digital., ʒ ij.
Aquæ font., ʒ iv.

M. D. S.—Half a tablespoonful every 4 hours; and as a vaginal injection 30 drops of carbolic acid to a pint of warm water 3 times a day; besides apply a cornmeal poultice over abdomen, and give light nourishing diet.

June 9. Find patient very weak yet, but feels better; had a slight chill this morning, and has vomited twice during last night. Not much tympanitis; bowels regular; urine yet high colored.

Ordination: Medicine, same as before; discontinue poultice and give a glass of Bordeaux three times a day.

June 10. Patient has greatly improved in every respect; womb is much smaller, and almost without tenderness to pressure and touch. There is very little discharge from the vagina, with but little smell; sleeps well; has some appetite; perspires some; urine normal; bowels constipated; no more chills. Pulse, 86; respiration, 22; temperature, 99.

Ordination: Continue quinine powders for two days and mixture for one week, three times a day, one-half tablespoonful; injection once a day. For the bowels, Species St. Germain.

June 15. The husband reports his wife gaining slowly; has yet but little appetite; bowels regular; some discharge from vagina, and is coughing.

Ordination: Discontinue quinine powders; continue injection once a day; give Bordeaux and the following mixture:

℞. Quiniæ sulph., ℈ j.
Apomorphiæ hydrochloric, gr. ij.
Acid. muriat. dilut., gtt. xv.
Potass. chlorat., ʒ j.
Syr. simplicis, ʒ ij.
Aquæ font., ʒ vj.

M. D. S.—Every four hours a tablespoonful.

June 24. Husband reports his wife improved in every respect; has good appetite; bowels regular; has but little discharge from vagina, without smell; has no cough; sleeps well, but sweats very much and is weak.

Ordination: Discontinue all former medicine, and give only the following mixture, with nourishing diet and wine:

℞. Quiniæ sulph., gr. xv.
Liq. ferri sesquichl., ʒ j.
Tinct. belladonnæ, ʒ ij.
Syr. simplicis, ʒ ij.
Aq. font., ʒ vj.

M. D. S.—Three times a day a tablespoonful.

August 1. Patient is well, and soon ready for an operation.

Case 3. Mrs. G., multipara, age 36. Was called June 29, 1882. Learned from husband that patient had been two months pregnant; began to flow after some hard work on the 24th; found small pieces in the clots on the 26th, when the hemorrhage almost ceased; had, on the 27th, two light chills and a severe one yesterday.

Present condition: Patient very weak and uneasy, with hot, dry skin and sunken features. Temperature 105, pulse 112, respiration 36; bowels confined; fœtid discharge from vagina; on examination find most of the ovum within the os;

introduce speculum at once and remove all of it per uterine dressing forceps, after which wash out the womb per Davidson's syringe with rectum nozzle attached, with one pint warm 10% carbolic acid solution; after which put patient in bed and give a spoonful brandy and 10 gr. calomel and jalap, to be followed by a saline cathartic if necessary.

Ordination:

℞.	Quiniæ sulph.	gr. x.
	Tinct. gentian. comp.,	ʒ j.
	Acid. carbolic,	gtt.xxv.
	Aq. font.,	ʒ viij.

M. D. S.—Every four hours a tablespoonful, to begin four hours after administration of calomel.

Morning and evening gr. xv of quinia sulph., and as a vaginal injection a pint of 10% carbolic acid solution twice a day; besides, nourishing diet and brandy.

July 1. Find patient almost well, only very weak; looks cheerful. Temperature 99, pulse 80, respiration 19. Discontinue quinine powders; have mixture continued for three days and injection (5% solution) for one week.

July 5. Husband reports his wife well.

Case 4. Was called in consultation by Dr. Smitz to see Mrs. R., October 20, 1882. When I arrived the doctor had left, leaving a note that I should examine case and proceed. Learned from husband that patient had aborted at third month four days ago; had since lost an immense amount of blood, and had flowed just previous to my arrival. Present condition: Patient multipara, 30 years old, farmer's wife, is profusely sweating and very weak. Pulse very rapid and hardly perceptible. On examination per vaginam, find part of placenta in the os externum; made an attempt to remove it, but patient fainted profoundly; after her revival introduced tampon; ordered good wine and beef tea, and left note for Dr. S. to meet me next morning.

October 21, a. m. Meet Dr. S.; find patient a little stonger, had a good night's rest. Temperature 102; removed tampon, found placenta in same position, womb very tender; introduced speculum and removed as much as possible of the placenta, but could not get all, as the womb had contracted very much, and the woman was almost again fainting. We could not attempt to wash out the womb on account of the narrowness of the canal and the prostration of the woman, therefore ordered only vaginal injections of a 5% carbolic acid solution, wine, nourishing diet, and the following mixture:

℞.	Quiniæ sulph.,	gr. x.
	Tinct. digital,	ʒ ij.
	Spirit. frumenti,	ʒ viij.

M. D. S.—Every 4 hours a tablespoonful.

Dr. Smitz was to continue the treatment.

October 25, 4 a. m. Was called in haste to see patient. On arrival found patient with sunken features, profusely perspiring, very hot and almost pulseless, with a cadaveric smell about the room. Learned that Dr. Smitz had not been called in again—reason, because he is not married (the people are very ignorant); that patient had just passed out of a prolonged severe chill, of which she had had four the two previous days. There had been nothing done for the patient; even the injection was not used since my last call on the 21st. Gave hot brandy, applied hot bottles to the feet, and when patient had a little recovered, introduced double current catheter in the womb and washed it out with 10% carbolic acid solution, after which I washed out the vagina with a permanganate of potassa solution, which effectually stopped the bad odor. The womb was large and tender. When I left, the temperature was 106. On returning in the evening found patient a little better, pulse 130, temperature 104; again washed out the womb per catheter with same solution, gave 10 grains of quinine at once, and left gr. x of Dover's powder for the night, because patient had not slept any for the last three nights.

October 26. Found patient much improved; had slept well during night; had had no more chill; had sweated very much during first part of the night. Temperature, 100; pulse, 110. Washed out the womb through catheter with same solution as before; ordered a pint of 10% carbolic acid water as a vaginal injection twice a day, and left the following mixture:

℞.	Quiniæ sulph.,	gr.x.
	Acid. carbolic,	gtt.xxiv.
	Tinct. digital,	ʒ ij.
	Aquæ font.,	ʒ viij.

M. D. S.—Every three hours one-half tablespoonful, and gr. x. quinia sulph. to be given at bedtime.

I did not give the mixture before, because the patient was in a moribund condition, and could not take anything but stimulants.

October 27. Found patient cheerful and laughing. Temperature, 99; pulse, 100. Some discharge from the womb, with very little smell; no tenderness; bowels and urine normal. Washed out the womb once more, ordered mixture to be continued as long as it would last, and had the vaginal injection with 10% carbolic acid solution continued for one week.

October 31. Husband reports his wife entirely well.

Case 5. Mrs. F., primipara, age 21. Was called October 25, 1882, at 3 a. m., to attend patient in her first confinement, and she was delivered of a healthy male six-months child at 5 a. m. I did not detect anything unusual about the mother; therefore gave the usual directions and left.

October 30. Was called to see patient, who complained of much pain about the vulva. On examination, found the labia majora and perineum a little swollen and painful to the touch, with a fœtid smell about the lochial discharge. On slipping my finger in the vagina, I found, to my surprise, a buttonhole opening, one inch long, in the floor of the vagina, with a nice reservoir for the lochia, etc., behind it, having no communication with the rectum nor with the outer world through the perineum, therefore a rent of the mucous covering and the fleshy parts of the perineum only. This had entirely escaped my attention at the delivery. As there were no other bad symptoms present, I washed the pocket out with a 10% carbolic acid solution, covered the raw surface with iodoform ointment, and filled the receptacle with lint; gave gr. x. of quinine, and ordered a vaginal injection of one pint carbolic acid solution (10%) twice a day. The husband was to report when bad symptoms should set in.

November 4. Husband came and stated that his wife was not getting along very well; that she had the ague for the last three days, and that the chills were always coming harder. I hurried to the place, and was sadly impressed when I found my robust and healthy patient from before so completely changed. The patient had passed through a severe chill two hours previous; she was therefore much prostrated, had lost much flesh, had a wild look about her eyes, and her features were sunken. She was only partially rational, and there was an almost unendurable stench about the room. Temperature 106, pulse 130, some looseness of bowels; water high colored. On examination found the swelling about the perineum, etc., had subsided; there was no pain, and the wound was beautifully granulating (due to the iodoform ointment). But the vagina was hot, and the womb hard, much enlarged, very tender, and quite immovable; lochia fœtid. Patient also complained of very much pain in both legs, which were also tender to the touch, but not swollen. She had besides great thirst, and no appetite; the lacteal secretion had stopped.

Diagnosis: Septic endometritis with a prospect of metrophlebitis and speedy resolution (death). But all this was no wonder, as the vaginal injection had been omitted since my last call, and the neighboring old women had kept the bedroom close and hot, had also administered plenty of hot tea, and had covered the poor woman with two featherbeds in order to cure the ague! Only the iodoform salve had been used, but of course the infection had extended upwards before the iodoform was applied. I at once opened the windows, had the fire put out, and had bed and patient cleaned; then washed out vagina with one quart 10% carbolic acid solution, applied a cornmeal poultice to the abdomen, rubbed the legs with ext. belladonna in olive oil, wrapped cotton about them, and laid a pillow under each leg. Then gave gr. xv quinia sulph. in brandy, ordered injection strictly to be repeated in the evening, beef tea and brandy, and left the following mixture:

℞.	Quiniæ sulph.,	℈j.
	Acid. carbolic,	gtt.xxv.
	Tinct. digital,	ʒ ij.
	Tinct. opii simpl.,	ʒ j.
	Aq. font.,	ʒ vijss.

M. D. S.—Every 3 hours 1 tablespoonful.

November 5. Find to my great joy patient improved. Mind clear, tongue moist, a little appetite, but no sleep; bowels had moved once. There is yet much tenderness about the womb, some tympanitis, and legs are also painful yet. Discharge from vagina is fœtid and quite abundant; had one more chill. Temperature 102, pulse 120. Left 2 quinine powders, each gr. xv., for two days; had vaginal injection strictly continued twice a day, the above mixture to be given every 4 hours; extract belladonna, etc., reapplied to the legs with cotton and roller, and ordered nourishing diet with good wine and a fesh poultice to abdomen.

November 7. Patient is greatly improved, has appetite, rests well, not much thirst, bowels move once a day, lacteal secretion is re-established, there is very little tenderness about the womb, but some discharge. The laceration of the perineum is almost healed; she has no more pain in her legs, and had no chill. Temperature 99, pulse 90. Have the vaginal injection continued once a day for one week, and also the following mixture:

℞.	Vini cinchonæ,	
	Tinct. gentian. comp.,	āā ʒ ij.
	Acid. muriat dilut.,	℥ ij.
	Aquæ font.,	ʒ iv.

M. D. S.—Every 4 hours a tablespoonful.

Left two 10 gr. quinine powders for the next two days, with directions about food, etc.

November 11. Husband reports his wife well.

Had in this case my orders about the vaginal injection, etc., been faithfully carried out, I am convinced the patient would have gotten well without further trouble. In the country we cannot sometimes see our patients as often as necessary.

CARIES OF THE SUPERIOR MAXILLA.

BY JOHN S. SMITH, D. D. S.,
Of Lancaster, Pa.

John B., an attorney, aged 58 years, nervous bilious temperament, strumous diathesis, residing in the city, came to me in January, 1880, suffering from pain in the left superior molar, caused by the recession of the gums about the palatine and buccal roots. The usual treatment was applied, and the patient instructed to call again in a day or two.

At the next sitting, at his suggestion, a careful examination of the teeth were made. The dark appearance of the right superior canine and lateral incisor teeth arrested my attention; the gums around these teeth were hypertrophied and spongy. An opening about three lines from the margin of the gum and between the fangs of the teeth, on the labial aspect of the alveolar process, was noticed, from which a thin ichorous fluid escaped when pressure was made on the gum above the sinus. At this point of the examination, the patient remarked, "that the discharge was more or less active for a number of years, but as there was no pain, he paid no attention to it."

Caries was not extensive in these teeth. The cavities had been filled with gold several times during the past thirty years; these I removed, and found the pulp chambers and canals empty and dry. The teeth were dead and slightly loosened in their aveoli, the septums of which were partially absorbed. Has had periodontitis; the face would swell and then the swelling pass away.

Diagnosis.—Caries of the jaws may be confounded with other affections of the same bones: alveolar dental abscess, necrosis, diseases of the antrum and carcinoma. How may alveolar dental abscess be distinguished from caries and necrosis?

The distinguishing of alveolar abscess from caries and necrosis would at first seem somewhat difficult; each condition is dependent upon dead tissues, and both have sinuses leading to them. In alveolar dental abscess there will be noticed an absence of that inflammatory deposit which is so constant around dead bone. The sinus will be short, and single, and the pus issuing therefrom nearly inodorous. In caries of the bone the probe can be driven into it, owing to the soft, spongy, honey-combed nature of the tissues. It is extremely important that a correct diagnosis be made, since the treatment of the two diseases is so radically different. In alveolar abscess, the tooth is to be removed or treated; in caries, we are to expedite the arrest of the morbid process; in necrosis, to delay until separation of the sequestrum occurs.

A sequestrum thrown off from the body of a bone may lodge and be retained in the soft parts, keeping up a discharge long after the acute inflammatory condition may have passed away. These retentions of sequestra are very common in clinical experience.

In this condition the sequestrum will be readily discovered by the probe. A piece of dead bone feels to the probe like a piece of hard wood, differing thus from the healthy bone, which is obscured by its periosteum; and differing also from the dying, sloughing bone of caries in the absence of the pitted, soft, irregular face which always marks this latter condition.

Where there is a soft condition of bone like that of caries, how may we distinguish the lesion from the sloughing bone of cancer, or the neoplasms or non-explainable tumors of the jaws? A probe may be passed through an ulcer upon the gum, and carious bone be met at every thrust of the instrument; the ulceration may be so slight as to command scarcely more than a passing thought, and yet it may prove a malignant disease. An intelligent conception of such disease through a process of exclusion would in all probability save life, or at least a long train of evils would be avoided. Half-medication, or superficial surgery to what may be primarily a benign lesion, will in all probability end in malignancy, and death of the patient. We see striking illustrations too often to corroborate the fact.

All self-explainable disease, whether of local or systemic signification, possesses in itself the meaning and manner of cure, and is treated on a purely scientific basis; "cause is understood, cause is managed." When studied from a clinical standpoint, age, history, diathesis, cachexia, pain, destruction, rapid or slow growth of the diseased tissues, all have their value in determining the real nature of an obscure disease. Aside from the physical symptoms, the histological classification of diseased tissues, as revealed by the microscope, is a great factor in the study of morbid structure, and invaluable in making the diagnosis.

Pathology.—According to some authors, there are but two forms of actual ulceration of bone, called caries—the one simple, the other fungous caries. Other equally eminent authorities say caries, practically viewed, is possessed of the three-fold expression—simple, strumous, and specific. Simple caries corresponds to what, upon the skin, we would call an indolent ulcer. The jaw bones are peculiarly subject to this disease; and of the two bones the superior maxilla is the one most affected, the reason of which has, we believe, as yet not been given.

The most prolific cause of the disease is the retention of dead teeth and roots of teeth; other causes are assigned, but the former by far preponderate. In simple caries of bone, a loss of substance at the surface of a bone is said to be slowly growing deeper upon the whole, however shallow, upon whose base small amounts of pus, together with broken-down remnants of tissue, continually appear. This result is produced by the exposure of medullary tissue. At a certain distance from the surface it is in a hyperæmic, hyperplastic condition, which, according to our best pathologists, gives place near the surface to an extraordinarily dense cellular infiltration.

The cells completely fill all the pores of the osseous structure, the blood-vessels are compressed, and then, together with the cells, themselves go over into molecular detritus.

This form sets in as soon as the cartilaginous coverings are definitively destroyed; the bone now projects uncovered into the cavity filled with pus, and communicating with the air by one or more fistulous openings. The small fragments of bone are loosened simultaneously with the detritus which envelops them. They can be felt like grains of sand in the thin ichorous pus which the articular cavity secretes.

These developments are but guides to a correct diagnosis.

Having diagnosed the above case to be caries of the strumous expression, the treatment was as follows:

Local Treatment.—The dead canine and lateral incisor were removed. All debris was now washed away, and a stimulating and antiseptic treatment adopted; the preference was given to the tincture of iodine in combination with carbolic acid, one of the acid to twelve parts of water, the parts syringed about three times a week for two weeks. The carbolized treatment was then dropped, and chloride of zinc, alternated with the aromatic sulphuric acid, was used, and the sinus thoroughly syringed daily with water. At the end of four weeks the secretions are not so copious, and not so offensive.

The zinc treatment was strictly adhered to. At the end of about four months a marked improvement was noticeable in the character and flow of the secretions, but no preceptible signs of granulation could be noticed. Nature, with all the aid given, seems unable to throw off the incubus of the disease, there being a low condition of vitality and a marked anæmic condition of the patient.

Treatment continued one month longer. Tincture of iodine, diluted, was now used every other day, with favorable result; patient encouraged; the soft parts look much better. It was now decided to use the burring engine, and to bring the parts into better view. A V-shaped section of gum was removed, exposing a cavity of large size in the superior maxilla. A sharp burr, selected and made to revolve at a high rate of speed, cutting in the direction where the probe detected deterioration of substance, or roughened condition of surface: the operation was repeated three times at intervals of from three to six days, washing the parts thoroughly after each operation with tepid water, and the surface carefully wiped over with aromatic sulphuric acid. The acid treatment was kept up at longer intervals, until granulation could be felt with the probe: the cavity slowly filling from within outward, which condition could be easily felt with a blunt instrument.

The cavity in the bone having nearly closed, the break in the continuity of the soft tissues still remained open. To get the edges to approximate was the next step in the treatment; as this could not be accomplished in the ordinary way by stitching, it was decided to use the nitrate of silver, a suggestion of my friend H. B. Stehman, M. D., to whom I had shown the case. A small quantity of the nitrate of siver was placed in a glass test-tube, which was melted over a spirit lamp. A thin sllver wire was now selected and dipped into the nitrate of silver. By this means the nitrate of silver was carried to the bottom and edges of the opening until it closed by granulation.

General Treatment.—This was of a tonic and supporting kind, the chalybeates having the preference. Plenty of out-door exercise, together with good nourishing food, was enjoined. Patient made a complete recovery, and was dismissed cured in nine months. No return.

We might here add that the patient had several fistulous openings upon the side of the neck a number of years previous; and subsequently was similarly affected upon the same side of the jaw, at this time losing the bicuspids and first molar.

Clinically, the case is one of more than ordinary interest. It shows slowness of these chronic cases to yield to treatment after being so long neglected, especially when the strumous diathesis is present, and the general tone of the system low.

HEALTHINESS OF WASHINGTON CITY—MALARIAPHOBIA.

BY I. B. JOHNSON, M. D.,

Of Washington City, D. C.

Of all the names of the causes of disease, that of malaria has been the most misapprehended and most abused. The diverse and multifarious symptoms ascribed to its poisonous effect have been myriad; and however and whenever an individual is taken sick, malaria is reviled and derided as the cause of such sickness. This general belief of the unlimited prevalence of malaria in the excitation of disease in the District of Columbia has placed it high in the popular mind as the cause of nine-tenths of the ill-health that afflicts the community. Therefore, every one interested in the prosperity of the City of Washington should feel a great desire to have a rational attempt made to disabuse the popular mind of this most unjust and injurious impression, and to acquit the reputation of Washington city of the imputation of being an exceedingly malarious place; for this false charge, based upon erroneous impressions, has gone forth throughout the United States, much to the injury of the business interests of the city; and the timid-minded stranger possessed of this *malariaphobia* is absolutely afraid that if he visits Washington city he will be at once infected with malaria, and either return home sick, or be carried back dead. It is not a supposition, but a prejudicial and serious fact, that a firm impression has obtained abroad that Washington is a very unhealthy city. The question is, how has this erroneous misapprehension obtained such an influence over the public mind, without sufficient testimony to sustain it? Much of this is due to the complaints and expressions, within and without the medical profession, of Washington's own residents. For the last five or ten years, it has been an unvaried fashion to call every slight cold, every case of hectic fever, the effect of every debauch, and every derangement of the body, "malaria," and *malaria* has thereby been made the *hocus-pocus* in the play of every deviation of the general system from a healthy standard; and quinine, the antagonistic, has grown into a fashionable *abracadabra* of every ache and pain, in many instances to the detriment of the ill-informed and badly-advised victim of the delusion; but fashion spreads by imitation, and as the District of Columbia has tenaciously kept up the fashion of calling every temporary disorder of the body the effect of malaria, it is not surprising that strangers, hearing so much about the suffering attributed to malaria, should conclude that Washington city is a very *malarious* locality. It is in this way that malaria has been popularized, and the conceit has arisen that to be sick from any other cause, and not be able to boast of having taken large doses of quinine, would be apparently out of fashion.

COMPARISON.

The District of Columbia has a population of one hundred and eighty thousand. Of this population, forty thousand are colored; and it is familiar to sanitary officers that the colored population is not as well provided for, in a pecuniary relation, against the influence of disease, as the whites. This accounts for the difference in the mortality of the two races. New York, Brooklyn, St. Louis, Baltimore, Cincinnati, Jersey City and Pittsburgh, are seven of the principal cities of the United States. They represent a population of over three millions and a third, and have an annual death rate for total deaths of thirty-three and twenty-two hundredths per thousand of their population, while the District of Columbia has only an annual death rate for total deaths of twenty-eight and sixty-nine hundredths to the thousand of its population, thus showing by a comparative average that the chances of longevity stand four and fifty-three hundredths greater in the District of Columbia than within the population of the cities named. In view of this comparison, one is apt to conclude that it ill becomes the correspondents and editors of the newspapers of these respective cities to unjustly represent the District of Columbia as an unusually unhealthy and malarious locality; and in conclusion it may be safely declared that Washington city is not, in a sanitary sense, unusually malarious, and that not four of the ten cases of so-called malarial diseases of the city are, either directly or indirectly, excited or influenced by malaria; and, finally, medical experience has proved that the effect of malaria has been slowly and surely diminishing in the District of Columbia for and during the last ten years. This fact makes it a safe declaration that no city in the United States presents, as an abiding place, superior advantages to Washington city in morality, salubrity, quiet and intelligence

A REMARKABLE TOLERANCE OF OPIUM.

BY GEORGE P. YOST, M. D.,
Of Loganville, Pa.

The subject of this sketch is a man, single, aged about 25, tall, angular, dark hair, the motive temperament predominating, and subject to a peculiar "nervous trouble traceable to heredity." He commenced a life of debauchery, becoming intoxicated frequently, and using tobacco to excess, at the age of sixteen years. This he continued till about three years ago, when he suddenly reformed, using no stimulants—except tobacco—and going to work with all earnestness, and apparently deeply regretting his former career.

This lasted about two and a half years, when he gradually lost interest in his business, and commenced the opium habit.

The "nervous trouble" alluded to, which began at about the age of fourteen, comes on by "spells," or periods of attacks, without any regularity. Sometimes the patient has an attack every week, then again none for a month or longer; nor do they have any regularity of continuation, sometimes lasting twelve, twenty-four, and on to seventy-two hours. They come, as a rule, suddenly, without any prodroma, and disappear in the same manner.

The nature of the attack is *loss of motion of all parts of the body controlled by the spinal nerves.*

Respiration, deglutition, speech, the heart's action, the generative and urinary functions, are not impaired, but the bowels seldom move during an attack. As already stated, these attacks come suddenly, often during sleep; the patient going to bed in his usual good health, and on awakening in the morning finding himself unable to move. In the same manner do they leave. Sometimes the patient, being entirely powerless, suddenly begins to feel returning power in the fingers or toes, which extends gradually—and within an hour he is able to "take up his bed and walk," feeling none the worse for his enforced rest.

These attacks are traceable to the *male* portion of one entire family; and to most of their *male* offspring; the *female* portion of the family and their *female* offspring being subject to attacks of "sick" or nervous headaches. Neither males nor females are attacked before puberty. As it is not the object of this article to discuss the etiology or pathology of these attacks, I will leave that for some other time, hoping that in the meantime this short sketch of this very peculiar affection may catch the eye of some of our neurologists who may be able, and will throw some light on it.

In February or March, 1882, the subject of our sketch commenced to use small doses of opium—being a veterinary surgeon, he knew its dose and effects—to enable him to "sleep off those spells," as he expressed it, and soon found that it would cut them short. Soon he commenced to take the opium at the beginning of the attacks, and found that he could abort them, and that the regular use of the opium prevented their return.

But lo! the habit soon increased on him: and, without trying to resist it, he soon became a regular opium habitue, using first one, then two and more oz. of tr. opii. (U. S. P.)—this being the form in which he used it—until within nine months time he consumed as high as ℔j. *tr. opii per day.*

This he continued till December 31, 1882, when by drinking whiskey with it he ended with a regular debauch, when he so demeaned himself before his friends and the public that he became deeply mortified, and made up his mind to stop it, which he did, and has up to this date (March 5, 1883,) not taken a drop—no stimulant, in fact, with the exception of a few drinks of whiskey one day about two weeks ago, which led to slight intoxication.

He seems to suffer no inconvenience from his sudden breaking off, except a slight insomnia. He continues the use of tobacco, but takes no medical treatment.

The remarkable phenomena of the case—to my mind—are the rapid increase of the opium; the remarkable toleration by the system of said increase, for he suffered no inconvenience from its use while using it, except some constipation; and the sudden breaking off without any apparent inconvenience.

The remarkable career of this patient, together with his family history, should be interesting to neurologists, as well as to those who make a special study of inebriety and *opium habitues.*

CONVULSIONS CAUSED BY PREPUTIAL IRRITATION.

BY C. POLLOCK, M. D.,
Of Muncie, Ind.

By request of parents I visted their babe in Dayton, Ohio, December 16, 1882, and received history as follows:

The babe is one of twins, born of healthy parents, of average size and good health up to the age of five months, when it suddenly had a convulsion and seemed slightly feverish, on October 25, 1882. It had convulsions at irregular inter-

vals from that date—some days having few or none, and others as many as twenty-two convulsions in the twenty-four hours. Between the convulsions it seemed bright, and nursed well and retained food, and all functions seemed to be normally performed. At the time I visited it the convulsions came on only upon awaking from sleep, the eyes fixed, pupils not dilated, and if spoken to his eyes are directed to and follow the speaker, and he does not seem to lose consciousness, but is unnaturally quiet for a few seconds and then strains terribly, so that he raises his feet and head six inches from bed. Becomes rigid and red in face, and invariably either urinates or defecates, and on relaxation of convulsion cries violently. He had been attended constantly from October 25th to December 16th by three irregular practitioners, together and singly by relays, and parents were assured that "the cause of the convulsions was indigestion, with reflex action on brain." The parents called attention of attendants to generative organs, and were assured by them that there could be nothing wrong there, as the boy was a case of "natural circumcision," about one-third of glans penis being exposed. I detached and slit up the prepuce and removed smegma of consistence of soft cheese, in amount to size of small pea, moulded to fit neck of glans, and found mucous membrane not broken; gave no medicine. Babe had several light convulsions up to the healing of cut surface, the last one occurring December 25, 1882, and improved in every way till about February 1st, when it had fever of malarial character and was attended by Dr. C. A. Humphreys, of 1421 E. 3d street, Dayton, O., and I am informed by him that during its recent illness the babe did not manifest as much nervous starting as is usual in babes of like age and grade of fever. I will gladly answer any questions relating to this case omitted for sake of brevity, and my readers can draw their own conclusions and apply the moral.

The Gospel of Fatness.

Thus writes Dr. Clouston:

"All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients, I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."

Hospital Reports.

CLINIC OF J. A. LARRABEE, M. D.,

Professor of Materia Medica and Clinical Lecturer on Diseases of Children, Hospital College of Medicine, Louisville, Ky.

Tabes Mesenterica.

GENTLEMEN: This little fellow of seven years is presented, with the following history: He has been from birth a child about whom his mother has been solicitous because of his weakly constitution. He has had several of the diseases incident to childhood, such as varicella and whooping cough. Considerable importance attaches to the latter, not much to the former. Having, then, been a delicate child from birth, at an early age, his mother tells us, he had a lump on the side of the neck, which remained for a long time, but finally disappeared. About two years ago he contracted the whooping cough, and from it he has never fully recovered. He has now indigestion, distension of the bowels and diarrhœa, swelling of the feet, coldness of the extremities, and diurnal febrile disturbance, the chief source of anxiety to the mother being the swelling at times of the abdomen.

Perhaps the first point of importance in entering upon the the consideration of a case like the one before us, is the age of the child. In previous lectures I have often insisted on the recognition of the fact that certain periods of childhood are critical periods. Not only the fatality, but the prevalence of diseases, is greater during the first dentition. That period of the child's life coincident with the eruption of the teeth is attended by very many disturbances dependent upon that process; for instance, in the summer season it has an influence in enervating the system, placing it in a proper condition to be more susceptible to the exciting causes of cholera infantum, diarrhœa, etc. In the winter the exciting causes of disease being of a different character, the resistance, however, being lessened by dentition, the child is then more likely to suffer from disorders of the respiratory system. Another period of crisis occurs when the permanent teeth displace the milk teeth, and the second, though less important, dentition occurs. Certain nervous disorders most frequently manifest themselves at this period, chorea being now particularly liable to occur, convulsions less so on account of the increased development of the will-power at this later age of the child.

The family history shows a not very perfect history of tubercle, the mother having been presented in another clinic, where a diagnosis was made of tuberculosis of the connective tissue investments of the turbinated bones. The father and mother are both living. I have not yet made a physical examination of the child, but my remarks apply to the case and the history as thus far presented. The probabilities are that we have here to deal with a malnutrition which will result in the deposition of tubercle, if it has not already done so, provided it be not arrested. This imperfect assimilation, resulting in emaciation, offers favorable opportunities for any underlying diathesis to manifest itself, and if there be any ten-

dency toward tubercle, it is likely to make its appearance. Hence, the danger of neglecting these diseases of the digestive apparatus. If the process of digestion is properly accomplished, and assimilation is perfect, we need have little fear of the deposition of morbid products.

The mother states that the child's abdomen is swelled considerably, and this statement is verified by the exposure of the child. Just here I want to caution you against a common error of too frequently pronouncing a diagnosis of tabes mesenterica in these cases. You are impressed with the idea, from reading many of the books, that "swelled-bellied children" (excuse the expression) are nearly invariably the subjects of tabes mesenterica. Nothing could be more erroneous than this, for nothing is more common in children than very large bellies. This is strikingly illustrated in the masterpieces of the old artists. In those ages their close observation taught them that very large abdomens were common among children. Thus the presence of enlargement becomes insignificant as an evidence of tuberculization of the mesenteric glands, unless it be accompanied by evidences of malnutrition. On the other hand, it is more common to meet with a shrunken abdomen, through the walls of which the enlarged glands may be felt around the navel, where they belong.

In the case before us I have no doubt that the tendency is to abdominal phthisis. The history of the child indicates it, its surroundings favor it, and examination confirms it. The child had whooping cough which lasted for months; its present decline dates from the beginning of that attack, since which it has been ill almost constantly. This is a significant fact, in the strumous subject very significant indeed. Whooping cough is attended by enlargement of the glands, especially the bronchial glands, and brings the association very close indeed to what is manifested here.

There is another factor here which cannot fail to attract your attention, as it cannot fail to arouse at the same time your sympathies, that these little ones must so soon realize the suffering of deprivation and want. This child you observe has nothing to protect him from the cold; no flannel, no woolen—in short, all of the first principles necessary to observe to prevent impoverishment of the blood cannot in this case be insisted upon, viz., warmth of the surface. If we can succeed then in a case like this, where we have to work against such odds, our success is a double triumph compared to that in private practice, where these things are regulated without our attention.

Now the case before us being one of tuberculization of the abdominal glands—a common form of tubercular manifestation in childhood—how are we going to arrest the process and effect a cure? These cases are not rapid in their course, indeed are not even uninterrupted, but are attended by periods of activity and repose, just as phthisis in other localities and varieties. In these cases we are guided by the dejections. At one period diarrhœa occurs, and then follows an interval in which the dejections are almost normal. Peritoneal pain occurs, passes away, and is forgotten until another attack appears. This also, when it occurs, means fresh activity and deposit of the tuberculous matter.

In the treatment we can take advantage of the periods I have mentioned to institute measures which will arrest the disease. I have in my mind now the case of an individual who came to this clinic when a child, seven or eight years ago. In the course of her treatment she took perhaps forty or fifty bottles of malt, and a great deal of cod-liver oil by inunction. She has now grown to be a young woman, and remains in a good state of health notwithstanding the fact that she had passed through an attack of typhoid fever. This is but one of many cases to show that we can arrest this process when here situated, as we can bronchial phthisis.

I wish now to interpose a remark here which I have purposely postponed until this time in order to impress it the more forcibly upon you. It is to warn you against an almost besetting sin, that is, the partial diagnosis of these cases as intermittent and remittent fever, without ever stopping to think that the febrile manifestation present every evening or morning, every day or every other day, instead of being a manifestation of malaria, may be a manifestation of tubercular disease. The very moment you grow careless in regard to the treatment of long continued fevers, where you have used quinine, Fowler's solution, and all the antiperiodics, you should rouse yourself to the importance of a physical examination. The compound terms so frequently employed to designate irregular manifestations of disease you will find to be superfluous, if you study to become acute diagnosticians: and, many times, such terms as typho-malarial fever indicate not a condition of the patient's body, but, on the contrary, a condition of the practitioner's mind. Be watchful, then; be careful: and if there be an underlying diathesis in such a case, find it out before some other is called upon to discover it for you.

To return, now, to the treatment. As I said before, in a case of early phthisis, the one thing to do is to secure a proper assimilation. So soon as we think of tuberculization of the mesenteric glands—indeed, for that matter, of any other manifestation of tubercle—we think of cod-liver oil. It seems to rise up in our minds almost as suddenly as it rises in the throat of him who swallows it. It presents itself because we think of it as a specific for consumption. In this case we have made our diagnosis; now let us base our treatment upon a knowledge of the pathological condition and the physiological function of the parts affected. The disease is here interfering with the introduction of food by absorption. How shall that be overcome? Shall we attempt it by the administration of cod-liver oil, or administer the hypophosphites with oil? If we do, we shall find they take the same course as other food. They will pass undigested, unabsorbed; emaciation will continue, and the child will go down. Such a plan throws discredit upon the agents used, because there has been an error made in the administration. In this case, then, I would use milk with pancreatin. This will be absorbed. Then, if you use cod-liver oil (it should be used by all means) use it by inunction. Rub it into the abdomen. There is that in the rubbing in of oil which stimulates the ultimate nerves and gives an impetus to nutrition. Then let this child be oiled, and have that oil rubbed in, and see how

soon he will begin to present a better appearance. Since he cannot have clothing sufficient to protect him as he should be protected, let us treat him somewhat on the Esquimaux plan. Then, besides this, in the extract of malt, we have a palatable preparation. Give it to the child three times a day, in conjunction with the other measures I have named, in the manner I have indicated, and in a week this child will have improved.

You see I have given no opiates to correct the diarrhœa. That would be wrong, for the diarrhœa depends upon indigestion. We will secure a better digestion by the treatment already described, and the diarrhœa will take care of itself. Last of all, we will endeavor to secure, through the coöperation of the mother, better attention to clothing and hygienic surroundings, and hope to show you the child at a future clinic in a better state of health.

Medical Societies.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

A Partial Study of the Poison of Heloderma Suspectum (Cope)--The Gila Monster.

BY S. WEIR-MITCHELL, M. D., AND EDWARD T. REICHERT, M. D.

[Read February 17, 1883.]

(*Continued from page* 293.)

Experiment II.—In the following experiment a full-grown etherized rabbit was used, and the left carotid being connected with the kymographion, one-sixth of a grain of dry Heloderma venom, dissolved in one cc. of distilled water, was injected into the external jugular vein.

Action on the Arterial Pressure.

	Time. min.	sec.	Pressure. mm.	Remarks.
Normal,			110	
Injection,	.0			
		.3	100	
		.5	80	
		.10	60	
		.15	70	
		.20	66	
		.30	50	
	1.		50	
	2.		44	
	3.		32	
	4.		26	
	5.		20	
	8.30			Convulsive movements. The pressure gradually declining to 7 mm., when the animal expired.
	10.			
	10.30			
	11.10			
	11.30			
	12.			
	12.30			
	14.30			
	15.			
	16.			
	17.			
	18.			
	19. Death.			

Action on the Pulse.

	Time. min.	sec.	Pulse. in 10 sec.	Pulse Curves. mm.	Remarks.
Normal,			57	.7	
Injection,	.0				
		.15	57	1.0	
		.30	54	1.2	
	1.		51	1.0	
	2.		53	.8	
	3.		56	.7	
	4.		61	.6	
	5.		61	.5	
	8.30		56	.4	Convulsive move-
	10.		47	.5	[ments.
	10.30		27	1.6	
	11.10		31	1.0	
	11.30		19	1.2	
	12.00		22	.8	
	12.30		28	.3	
	14.30		63	.2	
	15.		58	.3	[ments.
	16.		63	.2	Convulsive move-
	17.				Too feeble to count.
	18.				
	19.				
	Death.				

Experiment III.—The following experiment was made on a full-grown rabbit in which the pneumogastric nerves were cut, and in which the same dose and method of injection were used; the object being to determine if the above nerves were in any way connected with the changes in the circulation observed in the preceding experiments.

Action on the Arterial Pressure.

	Time. min.	sec.	Pressure. mm.	Remarks.
Normal,			80	
Injection,	.0			
		.8	66	
		.15	52	
		.30	56	Convulsive movements.
		.40	60	" "
		.50	42	" " stopped.
	1.		34	
		.10	28	" "
		.30	24	" "
		.35	30	Violent convulsions, followed by death in 30 seconds. During these convulsions the canula became detached from the artery.

Death in 1 m. 35 sec.

Action on the Pulse.

	Time. min.	sec.	Pulse. in 10 sec.	Pulse Curves. mm.	Remarks.
Normal,			46	.6	During the last half of the first minute, and after, the tracing was so irregular on account of the convulsive movements that the pulse could not accurately be counted.
Injection,	.0				
		.15	47	.8	
		.30	44	1.0	
	1.00		52	.3	
	1.30				
	1.35		Violent convul-	[sions.	

The animal died in convulsions with dilated pupils.

The results were identical with those obtained when the pneumogastrics were entire, so that the effect on the heart is direct, and not by inhibition through the pneumogastrics.

The results of the autopsy in both of the above experiments are identical, and may be summed up as follows:

Autopsy, Made Immediately After Death.—Heart arrested in diastole; heart does not react to induction currents; muscles everywhere respond to electric stimulation; motor nerves intact; cord unirritable, and will not respond to the strongest current produced by one large gravity cell, with Du Bois Reymond's induction coil; bowels still irritable; peristaltic movements occur spontaneously; the intestines are natural in color, as are all other organs. After five minutes the heart began to contract, and was finally found in a systolic condition. The interior of the organ was full of black clots, especially the auricles, the left ventricle containing but a very small clot.

In order still further to determine the effect on the heart, the following experiments were made:

Experiment IV.—

Hrs.	Min.	
7.	33	Pithed frog and exposed the heart.
	.52	Heart beats 21 in 30 seconds.
	.52½	Placed a small portion of dried venom of Heloderma on the heart.
	.56	Heart beats 20 in 30 seconds.
8.	05	" " 19 in 30 "
	.18	" " 18 in 30 "
	.30	" " 15 in 30 "
	.43	" " 14 in 30 "
	.55	" " 10 in 30 "
9.	30	" " ceased.

Experiment V.—

Hrs.	Min.	
8.	05	Took two "cut-out" hearts of frogs, and placed them in a normal salt solution in separate vessels, just sufficient liquor being used to cover the hearts. On one heart was placed a small quantity of dried venom.
	.27	The poisoned heart beats more feebly than the other.
	.30	The poisoned heart beats still more feebly than the other, which is yet firm.
	.45	The poisoned heart stopped beating, the other beats firmly.
	.55	The poisoned heart stopped beating, the other beats firmly, but slower.

Experiment VI.—

Hrs.	Min.	
3.	45	Exposed the hearts of two pithed frogs.
4.	00	Placed on one some dried venom.
	.30	The poisoned heart beats are decidedly feebler than the other.
	.50	The poisoned heart beats more feebly; the unpoisoned heart beats firmly and apparently in a normal manner.
6.	00	The poisoned heart beats very feebly and does not fill with blood. The normal heart beats firmly, and fills well with blood at each beat, making a striking contrast with the poisoned heart.

We may conclude that—

The poison of Heloderma causes no local injury.

That it arrests the heart in diastole, and that the organ afterwards contracts slowly—possibly in rapid rigor mortis.

That the cardiac muscle loses its irritability to stimuli at the time it ceases to beat.

That the other muscles and the nerves respond readily to irritants.

That the spinal cord has its power annihilated abruptly, and refuses to respond to the most powerful electrical currents.

This interesting and virulent heart-poison contrasts strongly with the venoms of serpents, since they give rise to local hemorrhages, and cause death chiefly through failure of the respiration, and not by the heart, unless given in overwhelming doses.

They lower muscle and nerve reactions, especially those of the respiratory apparatus, but do not, as a rule, cause extreme and abrupt loss of spinal power.

Finally, they give rise to a wide range of secondary pathological appearances, which are absent from Heloderma poisoning.

There remains on our minds no doubt as to the fact that the fluid which drips from the mouth of Heloderma when it bites is a very active poison. The present study is, however, limited in range, and we cannot yet feel sure that the fluid in question comes from the glands now presumed from their relation to the teeth to be poisonous.

The briefest examination of the lizard's anatomy makes clear why it has been with reason suspected to be poisonous, and why it poisons with so much difficulty. Unless the teeth are entire, the poison abundant, and the teeth buried in the bitten flesh so as to force it down into contact with the ducts where they open at the crown of the teeth, it is hard to see how even a drop of poison could be forced into the wounds. Yet it is certain that small animals may die from the bite; and this may be due to the extraordinary activity of the poision, and to the lizard's habit of tenaciously holding fast to what it bites, so as to allow time for a certain amount of absorption.

It is plain enough that a lizard as small as the one exhibited would be very unlikely to inflict a wound fatal to man; but it is possible that the larger animal—and it is said to reach a length of three feet—might prove a more efficient poisoner.

We are unwilling to drop the subject without a few words as to the nature of this poison.

The recent researches of Dr. Sternberg and Prof. Gautier have shown that human saliva may kill a rabbit in twenty-fours, and a pigeon in a few hours, if a quantity of saliva have been concentrated by heat and so used. Prof. Gautier thinks the saliva and all venoms owe at least a part of their power to normal ptomaines or animal alkaloids, the products of putrefactive processes, and recalls to us the fact that most secretions are measurably poisonous.

The answer to these views we shall have to consider elsewhere, and at length; but it will be sufficient here to say that there is no resemblance between the symptoms caused by the known ptomaines and those produced by any of the venoms. When it was shown that healthy human saliva was competent to kill, it was natural enough to

leap to the conclusion that the venoms were merely concentrated salivas. The analogy ends with the fact that both may cause death; but the one may kill in twenty seconds, and the other requires, at the least, many hours, whilst also it seems, as regards saliva, to be, in some degree, a question of the toxic activity of certain individuals, not all being so uncomfortably endowed as Dr. Sternberg himself.

EDITORIAL DEPARTMENT.

PERISCOPE.

Abdominal Aneurism Rupturing into Psoas Muscle.

Mr. W. E. Bailey reports the following unusual case in the *Lancet:*

P. G——, aged forty-two, laborer, married, was admitted on May 23d, suffering from pain in both hips, back, and left side. His general appearance was that of a well-nourished man of muscular build. His previous health had been good until two years ago, when he fell from a scaffold, alighting on his back. After this accident he experienced severe pain of a gnawing character in the back and left lumbar region. The pain was constant, but subject to many severe exacerbations. Any attempt at progression increased its severity. No history of syphilis or chronic alcoholism.

On examining the seat of pain, no swelling could be detected, but the dullness in the region of the left kidney was abnormally increased in area, extending horizontally from the vertebral column behind to a point midway between this and the middle line in front, and vertically in the mid-axillary line from the ninth rib to a couple of inches above the crest of the ilium. Pressure over the area of dullness caused great pain, and when in the recumbent position, the patient experienced great difficulty in turning from side to side, during which effort the spinal column was kept quite rigid. Heart and lungs free from organic disease; pulse regular, quick, and moderately strong; anorexia; temperature normal; urine healthy. Palpation and percussion revealed no other abnormal peculiarities in other regions of the abdominal cavity. Turpentine stupes were applied over the painful part, and one grain of opium was given at night with great relief.

Patient appeared to be doing well until the 29th of May, when he again suffered from very severe gnawing pains, which were relieved for the time by the application of turpentine stupes. The following evening, the pain recurring in the left lumbar region, a hypodermic injection of amyl nitrite (1 in 10) was administered, and followed by almost immediate relief. Patient slept well during the night, and expressed himself as feeling much better the following morning, the pain having entirely disappeared. About this time (June 1st) the patient was placed on low diet and large doses of potassium iodide, absolute rest in bed being enjoined. He seemed to be progressing satisfactorily until the evening of June 21st, when he became suddenly much worse. Mr. Voisey, the assistant medical officer on duty, being summoned, found the man suffering from excruciating pain in the left side, urgent dyspnœa, blanched countenance, body bedewed with a cold and clammy perspiration; pulse small, quick (140 per minute), and easily compressible; his facial expression was indicative of great suffering, and his general appearance gave the impression that extensive internal hemorrhage had occurred. On examining the seat of pain, a slight swelling could now be perceived, characterized by expansile pulsation and dulness on percussion; but there was total absence of anything approaching the nature of a bruit. Slight pressure over the tumor gave great pain; the area of dullness was much increased, its boundaries being as follows; above, seventh intercostal space; below, crest of ilium; in front, a line drawn vertically from the anterior fold of the axilla to the crest of the ilium: and behind, the vertebral column. Over the rest of the abdomen the percussion note was normal, and remained so in whatever position the patient was placed. One grain of opium was ordered to be taken every three hours. The following morning (June 23d), after a moderately good night, his general condition seemed slightly improved, and on examination the area of dullness had not further increased, but the expansile pulsation of the tumor was much more distinct, though still, on auscultation, no bruit could be detected. The radial pulse was almost imperceptible; the pain had abated in severity. The patient continued in this state until 9:45 the same evening, when the breathing suddenly became gasping, and he died a few minutes afterwards from syncope.

Necropsy, seventy-two hours after death.—Surface of body very much blanched; lips pale. On opening the abdomen, the peritoneal cavity was found to contain a large quantity of blood-clot, by far the larger mass having gravitated into the cavity of the pelvis. In the left lumbar region was a large fluctuating tumor, which had displaced the intestines and left kidney forwards to the right. Extending upwards, it had encroached upon the left lung, and crossing the middle line, a pouch as large as a hen's egg was situated in front of the right kidney. On cutting the peritoneum over the tumor, the left kidney was found pushed forward by a mass of coagulated blood effused between its posterior surface and the sheath of the psoas muscle; after removing this clot, the psoas was found abnormally large and misshapen, and on incising it a large quantity of

clotted blood, macerated muscular tissue, and laminated fibrin escaped. A horizontal incision was then made through the tumor, prolonged across the middle line to the small tumor first mentioned as situated in front of the right kidney; both the cavities communicated with the aorta by means of large openings. There was no trace of the posterior surface of the aorta, and the limiting sac of the aneurism behind was formed solely by the bodies of the first and second lumbar vertebræ, which were much eroded, and the intervertebral disc standing out between them unaltered. There was an irregular rent in the peritoneum at the junction of the sac of the aneurism of the left side, with the healthy part of the aorta through which the fatal gush into the peritoneal cavity must have occurred. Aorta studded with atheromatous patches; other organs healthy, but excessively anæmic.

The Physiology of Blood Pressure.

The *Lancet* says that some experiments carried on during the past year by Professor H. Newell Martin, and described by him in a paper published in the Transactions of the Medical and Chirurgical Faculty of the State of Maryland, appear to be of great value in determining the effect of variations of blood-pressure upon the pulse-rate. When it was shown that by increasing the pressure in the arteries the pulse was slowed, it was assumed that the greater force to be overcome by the ventricle entailed a longer systole, and that the result was the direct effect of the pressure upon the muscular tissue of the heart. The discovery that there is in the medulla oblongata a cardio-inhibitory centre which is stimulated by increased blood-pressure, and also a cardio-accelerator centre stimulated by lessened blood-pressure, and that the effects described by Marey were to be traced to the action of these centres, rendered necessary further investigations to determine whether variations in blood-pressure have any direct influence upon the pulse-rate. The results obtained by such trustworthy observers as Heidenhain, Ludwig, v. Bezold, and others, have been found to vary so greatly that no reliance whatever can be placed upon them. Professor Martin has, by eliminating apparently every source of error, arrived at constant and decided results, which also serve to explain the contradictory statements of previous observers. His mode of procedure is as follows: The animal —a dog—having been tracheotomized, placed under curari, morphia, or chloroform, the common carotid arteries are tied, and canulas placed in their central end. Artificial respiration is then established, the front and sides of the chest removed, and the two subclavian arteries are tied below the origin of their first branch. One limb of a curved metal canula is then introduced into the aorta, and thus all circulation through the systemic arteries except the coronaries is blocked. The two venæ cavæ and the vena azygos are tied, and a large tube in communication with a flask af defibrinated blood is introduced into the superior cava on the cardiac side of the ligature. The carotids are then opened, and all the blood in the heart and lungs is washed out by the defibrinated blood. While this is being done a thermometer is placed in the left subclavian artery. The animal is then transferred to a warm, moist chamber; the superior cava is connected with a Mariotte's flask, from which defibrinated blood under a known and easily regulated pressure enters the vein and the right auricle. The blood flowing from the aorta is collected in another similar flask. The venous pressure can be altered by raising or lowering the Mariotte's flask, and the arterial pressure can be increased or diminished by elevating or lowering the exit point of the tube connected with the aorta. All being ready, arterial pressure, as measured in the carotid, was varied between the limits of 40 mm. and 210 mm. of mercury, and tracings taken of it and of the pulse-rate. Although this was done repeatedly, and both suddenly and gradually, it was found to in no way influence the pulse-rate, which gradually and uniformly fell. If the venous and arterial pressure were coincidently greatly increased, the character and rapidity of the pulse were profoundly altered. If while the arterial pressure was kept constant, the pressure in the vein was altered by raising or lowering of the Mariotte's flask, in the same way the pulse-rate underwent no change. The experiments, which were often repeated, curari, morphia, and chloroform being used in turn, so as to exclude any effect of these agents, show that alterations in the blood-pressure, either arterial or venous, do not directly affect the pulse-rate.

In a further series of observations Professor Martin maintained the blood-pressure in both vein and arteries at a constant level, but varied the temperature of the defibrinated blood supplied to the heart, and he found that the pulse-rate rose with every increase in the temperature of the blood, and fell as it cooled. The fact that the pulse quickens with rise of temperature has, of course, long been familiar, but it was explicable upon two theories. The hot blood might act directly upon the tissue of the heart, or, paralyzing the cardio-inhibtory centre in the medulla oblongata, influence the heart indirectly. Martin has now shown that a dog's heart, completely liberated from all possible influence of nerve-centres outside itself, slows its rate of beat from minute to minute, as the temperature of the blood sent through the coronary artery falls, and quickens its beat as the temperature rises; and it has yet to be proved that the increased frequency of the pulse in the febrile state is in any way dependent on paralysis or excitation of the cardio-inhibitory or cardio-excitor centres in the medulla. In attempting to find the extremes of temperature compatible with cardiac life, it was found that a dog's heart would beat regularly and slowly at 26° C., and regularly, but rapidly and feebly, at 41° C.

Professor Martin shows how his investigations explain the results of other observers laboring at the same problem. For example, v. Bezold, in some experiments on curarized rabbits, with all extrinsic cardiac nerves divided, increased the blood-pressure in one of three ways. He either raised the hind part of the animal, and so pressed blood from the belly to the heart; or, after opening the chest, he clamped the aorta just beyond the origin of the left subclavian artery; or he injected into one carotid calf's blood carefully warmed to 38° C. By each of these methods not only was the blood-pressure increased, but the

temperature of the blood in the heart was raised, and so the increased frequency of the pulse was produced. In the first experiment, abdominal blood, nearly 2°C. hotter than that in the external jugular vein, was forced back to the heart in excess. In the second experiment, when the aorta was clamped, the blood forced into the aorta returned from the head and fore limbs much faster than before, and a larger amount of blood flowed through the lungs in a given time, and as only the same amount of cool air was pumped into the lungs by artificial respiration, the blood was much less cooled; or, in other words, the blood then reached the coronary vessels hotter, and so raised the pulse-rate. It has been shown that one effect of curari on the dog is to lower the temperature of the venous blood 3°C. Assuming that the effect is the same in the rabbit, the calf's blood at 38°C. introduced into the carotid artery in the third experiment, was 3°C. hotter than that in the veins, so that here again the means taken to raise the blood-pressure also raised the blood-temperature. Professor Martin has been successful in eliminating this source of error, and has apparently reduced a complex problem to its simplest conditions, and has succeeded in obtaining results of great value and importance.

Histogenesis of Carcinoma.

In the Philadelphia *Medical Times*, for January 13, 1883, Dr. Reed presents an article entitled *Histogenesis of Carcinoma*, this having been the subject of his inaugural thesis. The paper is divided into two parts; first, the development of epithelium studied in the healing of experimentally produced ulcers; second, the study of the minute anatomy of cancers. Seven experiments are detailed, and the conclusion reached that the epithelial covering of ulcers only arises from pre-existing epithelium. Then follows the last part of the paper, which is taken up with views of authors, some attempts at skin grafting, the application of his experiments and his personal observations of microscopical sections of carcinomata, especially scirrhi of the breast. At all points he convinces himself that just as the epithelium of healing ulcers arises from some pre-existent epithelium, so do all cancers originate from an epithelial source. The paper concludes with the points in favor of the exclusive epithelial origin of cancers. The following are quoted:

1. Primary true cancers are found only in locations where there is pre-existing epithelium, and no cancer has been proved to have originated heteterotopically.

2. The cicatrization of cancers explains young connective tissue in filtration and connective tissue cells, and white-blood corpuscles are never seen inside the alveoli.

3. The intactness of the endothelial ensheathments of the alveoli.

4. The results of his experiments showing that the epithelial covering in healing ulcers is exclusively derived from the border epithelium—this fact, by analogy, forming strong testimony in favor of the epithelial origin of cancer.

The subject-matter and experiments of this paper are very interesting and a credit to their author; but the manner in which he states many points, the summary method of disposing of the evidence of men like Stricker, Virchow, Woodward, etc., and the way in which he brings forward his seven experiments and few months' study of carcinomatous sections as sufficient evidence to overthrow all views differing from those adhered to in the paper, are arrogant in the extreme, and detract much from an otherwise very creditable production.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An "Anti-Vivisection Society" has been organized in this city, and we have been favored with a large amount of the literature it distributes, such as "Dr. Bell Taylor on Vivisection," "The Torture Chamber of Science," by Baron von Weber, "Why Agitate against Vivisection?" by Dr. Walker, "Have Pity," by J. C. Scholl, "The Uselessness of Vivisection," by Lawson Tait, etc. We do not know a dozen vivisectors in the State of Pennsylvania, and every one of those we do know carries on his researches with the least possible pain to the animal. There seems here, therefore, a tremendous preparation to attack a very small-sized offense; but, after all, it is no offense, as every one of these investigators is prompted by the best and worthiest motives that can influence the human heart—the pursuit of truth and the relief of human suffering. That intelligent men and women should band together to attack such laborers, is a striking instance how prejudice, the desire of publicity, and the influence of mistaken sentiment, will blind people of good education and impulses to the motives and pursuits of others.

——The criticisms of Prof. Esmarch on the case of President Garfield have met with a caustic rejoinder from the pen of Dr. William Hunt, of this city. It constitutes his annual address before the Philadelphia Academy of Surgery, and makes a reprint of 22 pages.

——One of our most active alienists is Dr. C. H. Hughes, of St. Louis, editor of the *Alienist and Neurologist*, a position which he fills with distinguished capacity. Two reprints by him are before us which will certainly attract the attention of students of that branch. The one is on "The Rights of the Insane," the other sets forth some new experiences of an opium eater during the withdrawal of the drug, and while at a distance from his physician. A third paper on "The Therapeutic Value of Cephalic and Spinal Electrizations," is a suggestive contribution to special therapeutics.

——The Illinois State Board of Health is doing a good work in widely disseminating a series of "Preventable-Disease Circulars." Those before us refer to typhoid fever, scarlet fever, and diphtheria. They are written in plain terms, contain clear and well-chosen directions, and cannot fail to benefit the public. Copies of them may be obtained by applying to the Secretary of the State Board of Health, Springfield, Illinois.

——In a reprint before us, Drs. S. Weir-Mitchell and Edward T. Reichert make a partial study of the poison of *Heloderma suspectum* (Cope), otherwise known as "the Gila monster." It is a species of lizard, which appears to be, at certain times, at least, capable of producing severe toxic symptoms.

——In the *Zeitschrift für Museologie und Antiquitätenkunde*, Dresden, the editor, Dr. Graesse, is writing a series of articles on the symbolism of plants and flowers, in the course of which he gives much attention to the ancient medical "doctrine of signatures," and to other curious vagaries of antique medical notions.

BOOK NOTICES.

Anatomical Technology as Applied to the Domestic Cat: An Introduction to Human, Veterinary, and Comparative Anatomy. With illustrations. By Burt G. Wilder, M. D., etc., and Simon H Gage, B. S., New York. A. S. Barnes & Co., 8vo., pp. 575.

The authors of this work present a treatise on anatomy which may justly be said to be alone of its kind among the productions of the American press. As may be judged from the title, it is intended to be an introduction to the *science* of anatomy, whether that be of man or of the lower animals, of vertebrates or invertebrates.

Approaching the subject with this comprehensive view of its treatment, the authors begin by setting forth certain methods of work, which, if observed, will vastly facilitate the learner's progress. Thus the metric system is explained, and the new terminology adopted by the writers is fully set forth. We say *adopted*, but, perhaps, it would be more correct to say *invented*, for although Dr. Barclay, many years ago, laid the groundwork of the matter, his suggestions have been so amplified and critically supported by Dr. Wilder, it is nothing more than fair to the latter to give him the credit for this valuable terminology. We have examined it carefully, and though one who has familiarized himself with the received nomenclature will feel some repulsion in first approaching these novel words, yet the more it is studied, the more obvious do its merits become.

Hints on the best method of taking notes are followed by a chapter on the instruments and material for study. A very valuable chapter is that on the preparation and preservation of anatomical specimens. The use of alcohol is recommended, and the methods of employing it are carefully specified. Preservation by injections is also described, and the most useful practical directions for carrying it out are noted.

These preliminaries underotood, the student is then taken systematically through the component parts of the animal frame. Chapters are devoted to the bones, the muscles, the viscera, the vascular system, the nervous system, and the encephalon.

The demonstrations are made upon the domestic cat, this animal being for many reasons that which is best calculated to be made the subject of study by one desirous of mastering anatomy in the full meaning of the word. Many illustrations are, however, drawn from the anatomy of other animals, and the veterinarian, the physician, and the naturalist, will alike find the volume one from which they can derive very great aid in their respective pursuits. We believe it will greatly advance the study of anatomy in this country.

Transactions of the Medical Society of the State of Pennsylvania. Volume XIV., page 467.

At the period of the meeting of this State Society we gave sufficiently full abstracts of the principal papers read to enable us to dispense with more on the subject. Suffice it to say that they are here presented in a handsomer form than in previous volumes, and that they impress the reader as carefully prepared and instructive. The County Reports fill about a hundred pages, and cannot be said to present as much of interest as in some previous years. It is to be regretted that this feature is not made more prominent.

Manual of Gynecology. By D. Berry Hart, M. D., and A. H. Barbour, M. D. Vol. II.

It will be remembered from our report of Vol. I. of this work (REPORTER, cur. vol., p. 158) that it is issued by William Wood & Co., as part of their Library of Standard Medical Authors. It is neatly printed, and is illustrated with a lithograph and over two hundred wood-cuts. Few members of the series surpass it in character, the authors being writers of very good repute in the Edinburgh School of Medicine.

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THE RELATIONS OF MICRO-ORGANISMS TO DISEASE.

W. T. Belfield, M. D., in a lecture before the Alumni Association, College of Physicians and Surgeons, New York, (*New York Medical Journal*, February 24 and March 3, 1883), says that he had chosen the subject simply because of its intrinsic interest and importance, and also because there existed in the mind of the medical public in this country a divided opinion regarding it, which seemed to him not to be warranted by the facts.

The study of micro-organisms is an excessively difficult one, owing to the need for the proper facilities in pursuing investigations in the laboratory, and the amount of time and expense required to carry on the work intelligently. There is a tendency for the profession to treat the subject as a trivial or fanciful one, and in general to ignore it. Bacteria have been observed as early as 1675, but they suddenly acquired an interest to pathologists in 1861, when Pasteur endeavored to show a genetic relation between plants and diseases.

Cohn's definition of bacteria, formulated in 1875, is still applicable, "Cells devoid of chlorophyll, spherical, oblong, or cylindrical, which reproduce themselves extensively by transverse division, and live either isolated or in families." Nutrition and assimilation were carried on by a process of osmosis.

Their simplicity of organization explains their extensive distribution throughout nature.

Certain errors in manipulation and misinterpretations of facts, which were so liable to take place even with the greatest care and most improved facilities for investigation, would account for the serious mistake made by Pasteur and others in saying that bacteria were capable of spontaneous generation; there is no reason to suppose that bacteria, like all other organisms, do not always proceed from pre-existing similar beings. The nomenclature, unfortunately, is much confused, each investigator naming according to his fancy. The French school, following Pasteur, makes use of the terms vibrios, monads, torulaceæ, etc. Cohn's classification, according to Dr.

Belfield, is probably the best; however, it needs some improvements. This nomenclature distinguishes the bacteria by form as micrococci, microbacteria, bacilli, spirilla.

The doctor thus defines bacterium: A mass of matter of definite shape and size, possessing or not possessing motion, of a certain chemical composition, having the power of growth and reproduction. No mass of matter can be said to be bacteria unless it possesses these qualities.

Even the mycologist cannot determine beyond doubt that a given object is one of the bacteria, except by cultivation outside of the body, thus demonstrating its reproductive power; but just here comes the practical hitch—many objects may come in contact with the particle under examination which might also contain bacteria. The doctor referred to cases showing how mistakes which had been made in the dissection had led to very erroneous conclusions.

The only means by which an organism in a culture can be shown to be the progeny of that first transplanted, is that it must be observed to proceed from it by continuity of structure: in order so to do we must directly observe it under the microscope. To do so, we must use a solid vehicle for the nutrition and cultivation of the organism. A solution of gelatine, beef extract, peptone, etc., is sterilized, and spread upon a disinfected slide, and allowed to dry; a heated needle is then dipped into the material containing the bacteria, and drawn lightly over the substance upon the slide, by which a scratch is made, to the edges of which the bacteria adhere; the slides are now to be placed in the incubator.

By this method we are able to know that the bacterium in the hundredth culture, for example, is structurally the same as the organism taken from the animal which had suffered frem the disease in which the original bacterium was found.

Billroth asserts the presence of bacteria in perfectly healthy animals. Koch, Pasteur, and Ehrlich, have never so detected them.

Abnormal composition of the blood seemed to favor the development of some bacteria, after they had gained entrance to the body, as abscesses in diabetic patients are swarming with micrococci.

The important and practical question is, to what extent the bacteria which are found in the tissues during certain morbid conditions are to be considered as the cause of the conditions with which they are associated.

In order to set this question at rest it must be demonstrated by culture of the bacteria found to exist in the diseased person, and the induction of the same disease in healthy amimals by inoculation with a reproduction of the bacteria. The question to-day rests about as follows:

Diseases, the demonstration of the bacterial origin of which has been completed through inoculation with isolated bacteria by competent observers: anthrax.

Diseases, the bacterial origin of which has been affirmed after inoculation with isolated bacteria by one competent observer: tuberculosis.

Diseases which were always characterized by the presence of bacteria in the tissues, but which had not been induced by inoculation with isolated bacteria: pyæmia, diphtheria, erysipelas, etc.

Diseases in which after death bacteria have been found in the tissues: variola, scarlatina, typhoid fever, etc.

Diseases in which the presence of bacteria before and after death have been asserted: syphilis, typhus fever, intermittent fever, measles, etc.

THE MEDICO-LEGAL SOCIETY, OF NEW YORK CITY.

The Medico-Legal Society, of New York city, an association which has done much in recent years to suggest improvements in the laws of New York treating of the management of the insane, and kindred topics, has been considering for some time the important subject of coroners' inquests. A committee was appointed some time since, and has just made a careful report, which has been adopted by the Society.

This report is in the shape of a bill, which the Society has decided to urge upon the Legislature for its passage at the present session.

The bill is interesting as showing the views of a

large number of the medical profession in regard to the proper procedure in case of sudden death, either by violence or where there is no attending physician.

The most radical feature of the bill is legislating coroners' juries out of existence, and replacing them with medical examiners.

It has been found that coroners' juries, being composed, generally, of men little acquainted with the causes or signs of sudden death, have, with but few exceptions, rendered verdicts which were without weight or importance. It has also been often found that the juries have contained many persons who were annoyed at being summoned at all, and felt it a grievance to be obliged to give up their private business to attend to such a disagreeable matter as deciding upon the causes or circumstances of sudden death. As a result of this latter fact, juries have generally been composed of men without education or experience, frequently of the class known as professional jury-servers; and as a natural consequence, the public have almost ceased to be interested in or to place confidence in the verdicts of coroners' juries.

The power which a coroner has of setting aside the verdict, has contributed also to the general dissatisfaction with the whole method of procedure.

In place of the coroner's jury, the bill provides that there shall be in each Assembly District one examiner, except in the city of Brooklyn, where there shall be two, and in New York, where there shall be four. The medical examiners shall be able and learned in the science of medical jurisprudence, and shall have been for at least five years in the active practice of their profession. They shall also be selected without regard to political or partisan considerations.

The term of office is to be seven years, and the compensation, fees, except in Brooklyn and New York, where there is a salary affixed to the office of $5,000.

The duties of the medical examiners are to make an examination of the body of any person reported to have been slain, or suddenly died, or dangerously wounded, or to have died from criminal violence, or suddenly when in apparent health, or when unattended by a physician.

In case a crime has been committed which caused or contributed to the death, careful reports shall be made to the nearest coroner and the district attorney of the county, of all the circumstances tending to show the condition of the body and the manner of death.

Upon such a report being made to the coroner, he shall at once hold an inquest, and shall have power to issue subpœnas and commit to prison, or hold to bail, as may be proper. The general duties of a court having powers of preliminary inquiry are attached to the office of coroner.

The medical examiners are given the power to call in the help of chemists for the proper examination of the body, or of substances supposed to have caused death.

The medical examiners are also to take charge of money or personal property found on the bodies of deceased persons, and to deliver the same to the persons entitled to their custody or possession.

This bill will shortly come before the Legislature of New York, and has in its favor the support of a large and influential society, composed about equally of physicians and lawyers.

DR. FORBES ACQUITTED.

It gives us pleasure to record the acquittal of Dr. Forbes, Demomstrator of Anatomy in the Jefferson Medical College, of the charge of complicity with the grave-robbers who were last fall tried and convicted.

It would have been a great hardship had Dr. Forbes been convicted.

He was doing what has been done, and is done, and always will be done; he desired to procure enough material to enable his students to properly prosecute their anatomical studies, and he went about it in the ordinary, customary manner. That he was in collussion with a lot of men to steal bodies from cemeteries, is ridiculous on its face, when we consider Dr. Forbes' standing and reputation.

We heartily congratulate Dr. Forbes and the

science of anatomy, and we cannot but condemn those who refused him the support to which he was so justly entitled.

Notes and Comments.

Leucoplakia Buccalis.

The *Chicago Medical Journal* quotes the following from *L'Union Méd.*:

"This disease, also called psoriasis of the tongue and buccal mucous membrane, is a chronic squamous affection of the dorsum of the tongue and the lips, characterized by white elevated spots and superficial induration of the mucous membrane. It is mostly found in persons having been affected by syphilis of the mouth, or in persons addicted to the use of tobacco. But sometimes it is found in persons neither syphilitic nor smokers, and then there are seen round erythematous spots, looking very red, but later blackish, and which undergo desquamation. If the disease has continued for several years, there are large grayish spots, which become black and are thrown off in lamellæ 3 cm. long. Then there is cicatrization, with the new formation of epithelial cells, and the surface of the tongue becomes broken and fissured in different directions. At last the tongue shows several elevated points, which look like the papillæ of the tongue of a cat. These points are confluent, and they form at last the true epithelioma."

Recurrence of Scarlatina within Eight Months.

F. P. Kinnicutt, M. D., in *N. Y. Med. Record*, March 3, 1883, says that he attended a male child aged five, in a typical attack of scarlet fever, having a favorable termination; eight months afterwards he was again called to the same child, and the diagnosis of scarlatina was again made: slight albuminuria made its appearance in the third week and still persists; patient has suffered with a number of boils on various parts of the body.

Dr. Kinnicutt remarks that a second infection of scarlet fever occurring within the short period of eight months, in which all the characteristic symptoms are manifested with as much prominence as in the primary attack, is sufficiently rare to be worthy of record. The doctor has only been able to find six other recorded cases of a similar nature; the shortest and longest period of recurrence were respectively thirty-six days and nine months.

The above case conflicts with the terse and generally accepted statements of the various textbooks, "one attack protects from a second."

Chloroform vs. Ether.

After stating the fact that several deaths have been lately reported from chloroform, the *Louisville Med. News* says:

"Death occurred suddenly in all these cases from paralysis of the heart, and the most skillful and persistent efforts to revive the patient were made without avail. In none of these cases were any evidences of heart disease found by auscultation and percussion, and no lesion was suspected. The lesson of these recent accidents with chloroform is that in the most experienced and careful hands death may occur from this agent; that chloroform is particularly dangerous when exhibited to subjects having weak hearts; that recent experiences confirm the belief already prevailing in America in the superiority of ether over chloroform as a safe anæsthetic."

An Unusual Case of Polydipsia.

A woman aged 40, of hysterical temperament, had been troubled for three years with gurgling, plashing and whirring sounds of confined liquid issuing from the region of her stomach, with such violent action as to irresistibly jerk and agitate her whole body. All treatment had proved useless, when she came under the notice of Dr. D. D. Marr, of Chesterton, Ind., who reports the case in the *Chicago Med. Jour.*, February, 1883. She would drink from one to two gallons of water per day, and pass urine in large quantities; sp. gr. 1.008, no sugar. Subnitrate of bismuth, in drachm doses, three or four times daily, was the only remedy that gave any relief. She subsequently became pregnant, after a favorable termination of which her condition greatly improved.

Hot Pack in Puerperal Eclampsia.

Dr. Brens expresses the opinion in the *Arch. f. Gyn.*, that for the cure of puerperal eclampsia either in the puerperium or the last months of pregnancy, active diaphoresis alone, induced by a hot bath, 40 to 45°C, followed by the pack, is all sufficient. The bath must not be prolonged over one-half hour, and two to three hours suffices for the envelopment in the pack. This method properly carried out, according to Brens, will also cause œdema and albuminuria to disappear without interruption of pregnancy.

A New Reaction of the Urine in Infectious Diseases.

The *Med. News*, February 10, 1883, says that at a recent meeting of the Gesellschaft der Charité-Aerzte, in Berlin, Ehrlich described a new reaction of the urine. When a solution of sulphanilinic

acid (*sulphanilsäure*) and ammonia is added to the urine from cases of tuberculosis, typhoid, or other infectious fever, a bright-red color is produced. The urine from cases of ordinary inflammatory or febrile diseases does not give this reaction. The details are promised.—*Berliner klin. Woch.*, January 1, 1883.

Syphilitic Gumma in the Liver.

A case is reported in *France Méd.* The patient was a girl, aged 15. The liver was much enlarged, appetite diminished, colicky pains, and diarrhœa. After improving on a diet of milk, the symptoms returned, with vomiting, and after repeated aspirations of albuminous fluid she died. It is probable that the case was one of hereditary syphilis.

Brassicon.

From the *Pharm. Zeit. f. Russl.*, 1882, 783, we learn that a remedy bearing this name has a great reputation for headache in the province of Kiew, Russia. The formula is as follows:

Oil of peppermint	30 grs.
Oil of mustard, volatile	6 gtt.
Camphor	10 grs.
Ether	60 gtt.
Alcohol (90%)	180 gtt.

Tincture of peppermint (or melissa) enough to impart color.

The Treatment of Obstinate Neuralgia.

The *Medical Record*, January 15, 1883, says that M. Verneuil, in a communication to the Surgical Society of Paris (*Le Prog. Méd.*, No. 49, 1882), referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamin, after resection of all the ends of nerves, and even amputation, had failed.

Negative Effect of Vaccination on Fœtus.

In the *Maryland Medical Journal*, January 15, 1883, Dr. Powell reports the case of a lady in the eighth month of pregnancy, whom he vaccinated successfully. Since her confinement her child has been vaccinated and has had a typical crust and scar, showing the absence of any protective influence from the mother's vaccination.

The Weight of the Brain in Mental Diseases.

France Méd. says that Dr. Bra has found that in mental diseases the brain weighs a little more than usual, and the circumference of the cranium is a little larger.

Chlorinated Oil in Scabies.

A new remedy for this affection is made by passing chlorine into olive oil. A compress of cotton saturated with this oil is to be applied night and morning. It is said to be equally efficacious in other parasitic skin affections.

A Palatable Cough Mixture.

The most elegant and palatable cough mixture ever prescribed by Dr. J. Milner Fothergill, is, he says, the following:

℞.	Syr. Scillæ,	℥j.
	Acid. hydrobromic. dil.,	℥ss.
	Spirits chloroform,	℥ss.
	Aquæ,	℥j.

Late Tying of the Umbilical Cord.

Dr. Edward Alcorn gives a resume of the experience of various writers on this subject, which proves that the children whose cords are left uncut until after the placenta has been expelled, thrive much better than those in whom it is cut before.

Spina Bifida Cured by Injections of Iodine.

Dr. E. Muirhead Little reports a case of spina bifida, where recovery followed aspiration and the injection of an iodo-glycerine solution.

Special Report.

THERAPEUTIC PROGRESS.

Arsenic in Diabetes.

Dr. Longeville, in the *Jour. de Thérapeutique*, December 10, 1882, states that in his experiments he found that arsenic was a great obstacle to the formation of sugar, as shown by administering it to dogs prior to puncturing the fourth ventricle. Clinical results, as far as observed in two diabetic patients upon whom the experiment was tried, corroborated this conclusion; for a few days' dosing with Fowler's solution, progressively increased from ten to thirty drops per diem, diminished the quantity of sugar by more than one-half. The quantity of the urine passed while under the influence of the arsenic was diminished in like proportion.

Quassine.

In the *Gaz. des Hop.*, Dr. Delmis says that the active principle of quassia amara (quassine) is a bitter tonic with aperient and stomachic properties, and is a valuable tonic in general debility, atonic dyspepsia, anorexia, chlorosis, spasmodic vomiting, and prolonged and difficult convalescence.

The dose is from ¼ to ⅔ of a grain, given before each of the principal meals.

Caffein for Hypodermic Use.

Dr. Tanret, in *Schmidt's Jahrbücher*, No. 7, 1882, says that the ordinary preparations of caffein are unsuitable for hypodermic use, because they are so slightly soluble in water. He finds that caffein unites readily with benzoate, cinnamomate, or salicylate of soda, forming a double salt, readily soluble in water, which containing sixty-one per cent. of caffein, has been injected subcutaneously without causing the slightest irritation.

Phenic Acid and Iodine in Typhoid Fever.

The *Medical Record* says that Dr. Klamann (*Allgem. Med. Central-Zeitung*, No. 81, 1882), claims excellent results in the treatment of typhoid fever by carbolic acid and iodine. To avoid carbolic-acid poisoning he gives very small doses, as in the following formula: Tinct. iodi., gtt. viiss.; acid. carbol. c. glycerin, gtt. x.; alcohol, dilut., ʒiiss. From five to ten drops of this mixture are taken in coffee or tea every hour or two. When diarrhœa is troublesome the remedy is administered in tincture of rhatany. The treatment should be begun early in the disease, in order to obtain the most favorable results.

A similar plan of treatment is recommended by Dr. Rothe (*Memorabilien*, vol. xxvii.), who reports a number of cases, in some of which the initial symptoms were very grave, but all of which resulted favorably. The formula employed by him is as follows: Acid. carbol. et alcohol., āā ♏viiss. to xv. (according to the age of the patient, the intensity of the fever, etc.); tinct. iodi., gtt. x. to xv.; aq. menth. pip., ʒiij.; tinct. aconiti, ♏xv. to xxx.; syr. aurant. cort., ʒiv. Of this mixture the dose is a tablespoonful every hour; for children under ten years of age, a teaspoonful. Owing to the aconite in this mixture, however, it is difficult to determine how much of the good effect is to be attributed to the carbolic acid and iodine.

Jequiriti in the Treatment of Granulation of the Conjunctiva.

The *Medical News* quotes from the *Gaz. Med. de Paris*, December 23, 1882, that at the meeting of the Société de Chirurgie, held December 13, M. Terrier read a report on a memoir of M. José Cardosa, of Rio Janeiro, on the employment of this drug. The jequiriti is a leguminose plant; an infusion made of the seeds and employed as a lotion to the conjunctiva in cases of granulations, sets up an acute inflammation, and may, in large doses, even cause severe accidents. M. de Wecker has employed the preparation with satisfactory results, while in the only case in which M. Terrier employed it an intense purulent conjunctivitis was set up, which was cured without the granulations undergoing the least improvement. So while in certain cases it may be used with success, it should always be employed with caution. M. Desprès maintained that the only justifiable treatment of this disease was excision of the granulations when chronic, while, when inflammatory, they may be cured by cauterization with sulphate of zinc or nitrate of silver.

The Mullein Plant in Pulmonary Consumption.

There are five mulleins, but the old Irish remedy is the great mullein, or verbascum thapsus. It is a hardy biennial, with a thick stalk, from eighteen inches to four feet high, and with very peculiar large woolly and mucilaginous leaves, and a long flower-spike with ugly yellow and nearly sessile flowers. The leaves are best gathered in late summer or autumn, shortly before the plant flowers. In former times, it appears to have been rather highly thought of, particularly as a remedy for diarrhœa; and Dioscorides, Culpepper, and Gerarde favorably allude to it.

Dr. F. J. B. Quinlan, of Dublin, decided to try its effects in pulmonary consumption, and his results are published in the *British Medical Journal*, January 27, 1883.

The old Irish method of administering the mullein, is to place an ounce of the dried leaves, or a corresponding quantity of the fresh ones, in a pint of milk; to boil for ten minutes, and then to strain. This strained fluid is given warm to the patient, with or without a little sugar. It is administered twice a day; and the taste of the mixture is bland, mucilaginous, comforting to the præcordia, and not disagreeable. I resolved to try this method, and also the watery infusion; and, moreover, the natural expressed juice fortified with glycerine.

Some phthisical sufferers were now admitted from time to time into St. Vincent's Hospital, in all stages, from an early one to the most advanced. On each admission, the case was carefully examined; the history, symptoms, and physical signs were exactly noted; and the patient was weighed on a stage balance of great accuracy. The patient was put as much as possible on the mullein treatment only. For obvious reasons, no cod-liver oil, koumiss, or other weight-producer was given; the patients got the diet suitable to such sufferers; and, if the special symptoms became troublesome, received appropriate treatment. As much as possible, however, they were left to the mullein—a proceeding which was entirely satisfactory to themselves. In addi-

tion to the admission-weighing, they were carefully weighed every week, and care was taken that this should be done as nearly as possible on the same day and hour, with the same clothes, and, in fact, as much as could be under the same conditions.

The mullein was used in seven cases, and the following are his remarks: "I have set down the above cases simply in the order in which they occurred, and with no view of supporting any preconceived idea. These cases, although too few to justify any general conclusion, appear to establish some useful facts. The mullein plant boiled in milk is liked by the patients; in watery infusion it is disagreeable, and the succus is still more so. The hot milk decoction causes a comfortable (what our Gallic neighbors call *pectorale*) sensation, and when once patients take it, they experience a physiological want, and when the supply was once or twice interrupted, complained much in consequence. That it eases phthisical cough there can be no doubt; in fact, some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and experiment proved that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnœa. For phthisical night-sweats it is utterly useless; but these can be completely checked by the hypodermic use of from one-eightieth to one-fiftieth of a grain of the atropia sulphate; the smaller dose, if it will answer, being preferable, as the larger causes dryness of the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight, nor am I aware of anything that will, except koumiss. Dr. Carrick, in his interesting work on the koumiss treatment of Southern Russia (page 213) says: 'I have seen a consumptive invalid gain largely in weight, while the disease was making rapid progress in her lungs, and the evening temperature rarely fell below 101° Fahr. Until then I considered that an increase of weight in phthisis pulmonalis was a proof of the arrest of the malady.' If koumiss possesses this power, mullein clearly does not; but unfortunately, as real koumiss can be made from the milk of the mare only, and as it does not bear travelling, the consumptive invalid must go at least to Samara or Southern Russia. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power; and I have observed this in several private cases also. Having no weighings of these latter, however, makes this statement merely an expression of opinion. In early cases, the mullein milk appears to act very much in the same manner as cod-liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial. I will continue the research by careful weighings of early cases; and will further endeavor to ascertain whether the addition of mullein to the cultivating solution prevents the propagation of the phthisical bacillus."

Treatment of Cough and Expectoration.

Dr. Rossbach, desiring to place our therapeutics of these diseases on a rational instead of the present empirical basis, has experimented with the remedies usually in vogue. Through a wide opening in the trachea, he observed directly the effects of medicines taken internally or applied locally, having beside him an undrugged animal for comparison. His conclusions are found in *Berlin Klin. Woch.*, 1882, Nos, 19, 20. He directed his attention first to alkalies, using locally solution of carbonate of sodium and liquor ammonii, and internally carbonate of sodium and chloride of ammonium. The *Brit. Med. Jour.*, January 27, 1883, thus condenses his results. Thirty grains of carbonate of sodium, or fifteen grains of chloride of ammonium, injected into a cat's femoral vein, caused increasing pallor and grayish white appearance of the mucous membrane, and ultimately a complete cessation of mucous secretion. While the mucous membrane of the normal animal, after being dried with blotting paper, became moist again in two minutes, that of the drugged animal showed no trace of mucus till ten minutes, and if this small quantity were dried off, no more appeared.

What the cause of this cessation is, Dr. Rossbach does not say; but it cannot be the anæmia, as the secretion continues unaltered in much higher grades of anæmia from nerve stimulation. The diminution of the blood-supply and mucous secretion of the bronchial membrane, evidently tend towards an actual cure of the pathological conditions usually involved. Solutions of one to two per cent. of sodic carbonate applied locally seemed to produce no effect; but even very weak dilutions of liquor ammoniæ caused a marked injection of the mucous membrane, with distinctly increased secretion. The local application of a weak solution of acetic acid produced the same effect as liquor ammoniæ; and Dr. Rossbach, both from his experiments and observations, is strongly opposed to the use of this drug in throat affections.

The astringent remedies observed were tannin, alum, and nitrate of silver. Local application of the former two caused the surface to become pale, the opaque epithelium, however, preventing the condition of the blood-vessels from being observed. The secretion was completely abolished, the surface being dry and shining. These facts were still more markedly true of solution of nitrate of silver, which produced a sharply limited patch of chalky white color, over which the mucous secretion was entirely absent. Dr. Rossbach is inclined to believe that the vessels are really contracted, and from a long experience he strongly recommends the local application of solution of nitrate of silver in all cases of inflammation of the mucous membrane, more especially when accompanied with pain, feeling of dryness, etc.

The local effect of oil of turpentine on the mucous membrane was somewhat perplexing, as, when sprayed directly on a spot, it caused dryness of the mucous membrane, while a two-per cent. solution dropped on a spot caused an increased mucous secretion, notwithstanding there was a diminution of vascularity. Dr. Rossbach strongly recommends oil of turpentine, both internally and locally, in cases of chronic bronchial catarrh, more especially with putrid expectoration. He believes that it has not only an antiseptic, but also a refrigerant and narcotic effect.

The action of apomorphia, emetine, and pilocarpine, was observed both in large and in small doses. With all three, but more especially with the last, there was a very great increase of the mucous secretion in the larynx, trachea, and bronchi, the mucous glands becoming so large as to cause projections on the surface. This effect Dr. Rossbach proves to result from a direct action of the drug on the gland itself, the circulation of the blood being quite unaffected. The subsidiary effects of pilocarpine render it unsuitable as a practical expectorant; but apomorphia Dr. Rossbach considers to be the prototype of all expectorants, giving in his hands most excellent results. He administers it as hydrochlorate of apomorphia in doses of one-fifteenth to one-seventh of a grain thrice daily, with a little dilute hydrochloric acid, the mixture being kept in a dark bottle and containing no sugar.

Lastly, Dr. Rossbach gives the results of his experiments with atropia and morphia. Atropia produces extreme dryness of the tracheal mucous membrane, accompanied by a gradually increasing hyperæmia. Its effect in deadening the irritability of the membrane is, he finds, very uncertain; while, on the other hand, the effect of morphia, both in diminishing the secretion and lessening irritability, is constant. Another advantage possessed by morphia is that the diminution of the secretion is never so great as to be followed by inflammation, which, he asserts, is frequently the case with atropia. A combination of morphia and apomorphia he has found extremely useful in cases of difficult expectoration, while a combination of morphia and atropia has given excellent results in cases of chronic catarrh, emphysema, and phthisis. Electrical stimulation of the superior laryngeal nerve causes distinct contraction of the blood-vessels, justifying, therefore, Ziemssen's recommendation of percutaneous electrization of the larynx in cases of obstinate chronic inflammation.

Bromide of Potassium in Chordee.

In the *Bull. de Therap.*, December 30, 1882, Dr. Cambillard states in a recent *thèse* that he has seen this painful affection successfully treated at the Midi by means of injections of bromide of potassium, and supplies the following formula: Water 150 parts by weight, glycerine 10, bromide of potassium 6, and Resseau's laudanum 2 parts. Four of these injections should be employed in the twenty-four hours, the last just before bedtime. Each injection should be retained one or two minutes. The erections are usually speedily calmed, and sometimes completely suppressed. They are nowise painful, causing only in some persons a slight burning sensation. They act by anæsthetizing the urethral mucous membrane.

The Frequent Repetition of Doses.

Dr. A. A. Smith, Professor of Mat. Med. in Bellevue Hosp. Med. Coll., contributes a valuable paper on this subject to the *New York Med. Jour.*, February 10, 1883, from which we take the following:

Chlorate of Potash.—Grain doses every half hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug in the system, as sometimes happens when it is administered in the ordinary way; viz., dangerous inflammation of the kidneys. It is better, when giving *croton chloral* for neuralgia to administer a grain every half hour, than in larger doses. A solution, of which a teaspoonful represents one grain, will have scarcely any bad taste. Another advantage is, that being so largely diluted, it will be harmless to the mucous membrane of the stomach.

Two grains of the *salicylate of sodium* every hour or half hour in a teaspoonful of water will cure the most obstinate cases of *urticaria*, except those

of a chronic nature, and where it has been caused by full doses of *balsam of copaiba*, single drop doses of the same drug every half hour will sometimes control it.

Fowler's solution, or the liquor potassii arsenitis, half a drop given every half-hour for six or eight doses will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Five to ten minim doses of the fluid extract of *jaborandi* every hour or half hour will produce copious perspiration, without causing any unpleasant effects upon the heart, especially if combined with digitalis.

In *supposed croup*, which is usually false croup of a reflex origin, a teaspoonful of a solution of one one-hundredth of a grain of sulphate of atropine in a tumbler of water, every hour or half hour, will give relief.

If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. Do not forget in these cases to give an emetic if there is anything in the stomach which may be causing the spasm, or a cathartic, if there be reason to suspect intestinal disturbance as the cause.

In nervous disturbances and undefinable and transitory disorders of children, the *bromides*, in doses of one or two grains every ten or fifteen minutes, will often prove of great benefit.

You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to sleep before ten or eleven o'clock at night. In such cases you will find it necessary to give a nervous sedative. An excellent effect will be produced by *chamomilla* in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes. Put a teaspoonful in half a tumbler of water, and let the child drink it freely.

A single drop of the *wine* of *ipecac*, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from vomiting and diarrhœa. Administered in this manner, the drug is not nauseous, and is easily taken.

I now make a statement, upon the authority of Trousseau and his enthusiastic successor, which may appear to you, as it once did to me, incredible—viz., that *one-sixtieth of a grain* of *calomel*, taken every hour for ten or twelve hours, will relieve the headache of syphilis occurring at night. I have administered it in one-fortieth-grain doses in this manner, and have obtained the results which they claimed for it, but I have not yet tried it in sixtieth-grain doses. The relief was very marked by the second or third night. It is not intended to take the place of iodides which are given in such cases.

Nursing children often *vomit* or *regurgitate* their food; teaspoonful doses, every ten or fifteen minutes, of a solution of one grain of *calomel* to a pint of water, will often relieve this. One *twenty-fourth of a grain of mercury* with chalk, every fifteen or twenty minutes, is of great benefit in the vomiting and non-inflammatory diarrhœa of children.

Where the diarrhœa is accompanied by *mucous passages*, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of *bichloride* of *mercury* (corrosive sublimate), one grain to the quart, every hour.

Another extraordinary statement, which at first seemed to me to be fabulous, and may seem so to you, but which, nevertheless, you will find to be based upon clinical facts: Put a grain of *tartar emetic* into one quart of water; teaspoonful doses of this solution every half hour will prove effectual for the relief of the *wheezing* and *cough* accompanying a slight *bronchitis* in children.

A single drop of the *tincture* of *nux vomica* given every ten minutes will often produce most marked relief in *sick headache* not of a neurotic origin. It should be given immediately after or soon after meals.

It is well known that *cantharides*, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a *single drop* of the tincture every hour will in many cases relieve *vesical catarrh*.

A *single drop* of the tincture of *digitalis*, given to a patient suffering from symptoms due to *organic heart disease* when digitalis is indicated, administered at intervals of an hour or half hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects.

For the *diarrhœa* of *children*, accompanied with slight *inflammation*, straining, and the passage of *jelly-looking* matter, but not true dysentery, *five drops of castor-oil*, given every hour in water with sugar and gum, is an excellent remedy.

In *orchitis* and *epididymitis* and *dysmennorrhœa* not of a membranous, obstructive, or neuralgic character, two-minim doses of *tincture* of *pulsatilla* every hour will afford greater relief than any

other mode of treatment. For *flatuence, fluttering* and *palpitation* at the menopause, *one-fiftieth grain doses* of the *extract* of *Calabar bean* every half hour for six or eight doses, and similarly repeated after stopping it for three hours, will prove an effectual remedy. In *amenorrhœa* not due to anæmia, minim doses of the *fluid extract* of *ergot* every half hour for five or six hours, the day before and again on the day on which it should occur, will be beneficial. There are many cases of *febrile movement, with dry, hot skin*, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers; the *tincture* of *aconite*, one-third to one-half a minim given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often find him in a little perspiration; the medicine may then be administed at longer intervals, every half-hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart-beat.

Two minims of the *tincture* of *hamamelis* every half-hour will often control *hæmorrhages*.

The *tincture* of *belladonna* in minim doses, given every half-hour, is a good remedy in cases of *nasal catarrh*, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other medicines of which we have already spoken. In cases of *pulmonary œdema* with failure of heart power, *belladonna* thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart power.

Two grains of the *chloride* of *ammonium*, combined with ten or fifteen minims of the tincture of *cubebs*, given every half-hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For *inflammation* of the *throat* dependent upon a *gouty diathesis*, add to this mixture ten minims of the *ammoniated tincture* of *guaiac*, and administer every hour.

In the headache of *migraine*, one grain of the *citrate* of *caffeine* given every half-hour will often produce most marked relief.

In *neuralgias* about the face or head, three-minim doses of the tincture of *gelseminum* every half-hour will often act almost miraculously, and leave no ill effects.

For certain kinds of *headaches* (especially those which are periodical and not of malarial origin), fifteen-minim doses of fluid extract of *guarana* given every fifteen minutes will very frequently relieve. If it does not relieve in four doses, increase the dose to thirty minims.

CORRESPONDENCE.

A Peculiar Type of Fever.

EDS. MED. AND SURG. REPORTER:—

Under the above title, Dr. J. M. Pinkston, in a recent issue of your journal (March 3) relates the history of an epidemic of fever which he is pleased to call a peculiar type, though the peculiarity appears to consist in the fact that the patients recovered in thirty-six to seventy-two hours; we will however return to this point later.

The article concludes thus—"As to diagnosis, I should like to have the opinion of older members of the profession." While I cannot lay claim to the latter distinction, I still feel that the former field is open to me.

For our purpose, it is perhaps better to place the epidemic fever of Dr. Pinkston, and the disease which I hope to show that it is, side by side.

"Peculiar Fever."	Typhoid Fever. (Mild and abortive form.)
Prodromes.—Identical.	*Prodromes.*—Identical.
Invasion.—The fever is usually ushered in with a chill, followed by headache, nausea, vomiting; in some cases cold feet and hands, tenderness and continuance of pain, in most cases, over region of stomach, and almost invariably tenderness at a point midway between the hips, but no iliac tenderness.	*Invasion.*—Fever usually ushered in with a chill or chilly sensations, headache, nausea, loss of appetite, etc. Complains of soreness, pain, etc., as much in stomach and at the "midway point" as anywhere else.
Tongue.—Identical.	*Tongue.*—Identical.
Bowels and Stomach.—Generally tympanitic; stomach almost invariably so. The bowels are usually constipated.	*Bowels and Stomach.*—The same, almost always. Diarrhœa is often wanting. (J. M. DaCosta.)
Fever.— "I should have stated that the fever in the commencement is high in children, sometimes attended with convulsions." "The symptoms in the commencement, in some cases, indicate violent congestion of the stomach and bowels, and, as indicated by breathing, congestion of lungs, but there are no physical signs thereof. "Some cases also have slight sore throat, enlargement of the tonsils, and a little irritation of bronchial tubes, and consequently a little cough." (Reference to the article will show that a plan of treatment has been used that, in this city at least, is a well-recognized one for typhoid fever; so that we may say,)	*Fever.*— Temperature evening of fourth day 104°. (Wunderlich.) Other symptoms of grave disturbance of the nervous system show themselves in violent general convulsions. (Da Costa.) Have not all of us seen typhoid fever so commence? Is this violent congestion of the stomach and bowels not an illustration of the poison being swallowed and acting directly upon the tissue with which it comes in contact? as milk contaminated by water containing fæcal fermentations. (Prof. Stillé.)
Treatment.—Identical.	*Treatment.*—Identical.
Diet and Hygiene.—Identical.	*Diet and Hygiene.*—Identical.
"If improperly treated, or if not treated at all, and in some cases in spite of treatment, it will last from ten to six weeks."	Is this not often the case with typhoid, which may terminate in sixteen days or less?

As above said, the doctor states that the patients recovered in from thirty-six to seventy-two hours. Are we to understand that a patient will be well, sick and well again in the above period? An analysis of the symptoms would lead one to suppose that the convalescence was rather tardy, once more resembling typhoid fever.

So on the whole I would be inclined to call the "peculiar type of fever," a *typical example* of the *mild* or *abortive* typhoid, such as Jürgensen describes (Sammling Klinischer Vorträge, Nov. 1, 1873). It is the short duration, as Prof. DaCosta tells us, that is characteristic of abortive typhoid, and the changes are so marked and rapid that the defervesence is accomplished in a few days.

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News and Miscellany.

Annual Commencement of the Woman's Medical College.

The annual commencement of the Woman's Medical College was held in Association Hall, March 15th. Thirty-five women received the degree of M. D. The Rev. Dr. Henry C. McCook opened the exercises with prayer, and then President T. Morris Perot presented the diplomas.

The address to the graduating class was delivered by Professor W. H. Parish. After reviewing the training the students had undergone, he said:

"Who has not been asked, Does not frequent contact with pain and suffering, disease and death, render one indifferent to the occurrence of of such in others? Is not sympathy supplanted by stony stoicism? How great the error to suppose so! The experiences of a physician's life educates him to avoid the emotional, and to keep coolness and judgment in the ascendancy. His sympathies are none the less. Long years of professional work will but enlarge in you true, active sympathy. The physician's studies ennoble his humanity. The study of any manifestation of nature gives profit to the human mind.

"Away, then, with the fallacious reasoning that woman may with propriety devote her capabilities to the study of the lily or the rose, or of the spider or beetle, but cannot study man, the noblest work of God. The relations of the physician to the general public are becoming daily of a higher and more responsible character. I will briefly enumerate some of the matters in reference to which the public demand that the physician shall be well informed. Among such matters are, for instance, the successful operation of the National Board of Health, the establishment of State Boards of Health with properly-defined duties and powers, the prevention of epidemic diseases, the preservation of the purity of water courses, the prevention of the adulteration of food, the establishment of medical Boards for the inspection of schools and school houses, the location and inspection of hospitals and almshouses, the support of rightly-managed medical colleges by means of proper legislation, as, for instance, a more restricted and cautious conferring of collage charters, and the greatly-needed revision of State anatomical acts."

Murder Will Out.

A female smuggler named Bronar met with a serious accident at Lyons on December 16, while in the exercise of her illegal calling. She had concealed several bladders full of alcohol under her petticoats in order to pass them through the *octroi* free of duty. Being arrested on suspicion of smuggling, she pierced the bladders with a pin, and the liquor ran out before she reached the police station. On arriving there, however, she incautiously attempted to dry her clothes before a red-hot stove. Being saturated with alcohol, they took fire. Madame Bronar received such injuries before the flames could be extinguished that her life was in danger.

The Moon and the Weather.

At the last meeting of the British Association, Sir W. Thompson delivered an address upon the tides. While explaining the theory of the moon's influence on the tides, he incidentally touched on the supposed influence of the moon's changes upon weather, and pointed out that the comparison of most careful and complete indications of the barometer, thermometer, and anemometer, and the times of the new and full moon and half moon, had failed to establish any relation whatever between them, and had proved, on the contrary, that if there was any dependence of the weather on the phases of the moon it was only to a degree imperceptible to ordinary observation.

Glass Coffins.

From *Lyon Med.*, February 11, we learn that in order to prevent the diffusion of the products of decomposition of human bodies in the air and water, Dr. A. Meyer proposes to substitute glass coffins for those made of wood. They will be opaque, very thick, and formed only of two parts, hermetically closed by a silicated mastic as indestructible as the glass itself. By suitable pressure, an anti putrescent gaseous atmosphere (carbonic acid, for example) may be introduced into the coffin, and preserve the corpse from putrefaction during an indefinite period of time. Dr. Meyer adds that these coffins can be readily supplied by the trade at prices which will more and more approximate to those paid for wooden coffins.

To Restore Faded Ink.

In order to restore faded ink, all that is necessary, according to the *Boston Journal of Chemistry*, is to moisten the paper with water, and brush over the writing with a solution of sulphide of ammonium. The ink will become black immediately, from the formation of the black sulphide of iron. Of course this means of restoration is not applicable with aniline inks.

Officers of the Cincinnati Obstetrical Society for 1883.

President.—Dr. J. Trush.
Vice-President.—C. O. Wright.
Recording Secretary.—Clara Ellsbury.
Corresponding Secretary.—J. G. Hyndman.
Treasurer.—Geo. E. Jones.

Personals.

—D. H. Macnaughton Jones, M. C. H., F. R. C. S. T., and Edin. Professor of Obstetrics and Gynecology in the Green's College, Cork, surgeon of several hospitals, but founder and especially interested in the Cork Ophthalmic and Aural Hospital, has been invited to London, a more extended field of usefulness. Dr. Jones is favorably known in this country by his valuable contributions to medical periodical literature, and by his published volumes.

Items.

—Dr. G. Hother recommends the use of hazeline in prolapsus ani.

—M. Dupré concludes that the liver is the chief source of urea formation.

The bicycle is getting to be a common mode of travel among physicians in England.

—It is reported that the British public spend annually $5,000,000 for secret remedies.

—M. Desnos has found resorcin very effective in reducing the temperature of typhoid fever.

—M. Burcq ("*Comptes Rendus*") shows that copper has a powerful disinfectant and antiseptic action.

—The award of $20,500 to the four surgeons summoned to attend President Garfield has been received by them.

—In Ontario, Canada, there is one doctor to every 1,125 inhabitants—so it appears from the last Medical Register.

—It is reported that certain foreign manufacturers of glycerin adulterate it with over twenty-five per cent. of glucose.

—Velpeau has reported four cases of laying open the internal carotid artery in operations for the removal of tonsils.

—A new hospital at Dayton, O., has recently been completed and opened. It cost $75,000, and has a capacity of 200 beds.

—A Chair of Laryngology has been established in the Royal University of Rome, and Dr. Zawerthal has been appointed to fill it.

—Dupuytren first called attention, in 1828, to the frequency with which deformity of the chest is associated with enlarged tonsils.

—A Physical Aspect of Abscesses.—Professor in physics: "What is Boyle's law?" Student, with a carbuncle: "To break out in the most inconvenient place."

—Dr. Squire recommends a solution of bromic ether in water (1 to 200) for administration in whooping cough, as well as for angina pectoris and spasmodic pain.

—A case of polyorchism was observed in Bulgaria, on a farmer eighteen years of age. There were three testicles, two being on the right in the scrotum, one above the other.

—"Well, madam, how's your husband today?" "Doctor, he's no better." "Did you get the leeches?" "Yes, doctor, but he could only take three of them raw; I had to fry the rest."

—Dr. Albert G. Craig, Vevay, Indiana, suggests the substitution of linseed oil for olive oil in the composition of liniments. He has found it better, as well as much cheaper.

—U. S. Grant, when asked to sign the petition in favor of making all physicians equal before the law in the government service, said he would "*give homœopaths no encouragement directly or indirectly!*"

—The recent epidemic of diphtheria in Russia has been followed by a still more virulent outbreak of scarlatina, which a Russian newspaper describes as more devastating than the most sanguinary war.

—A new sanitary journal has just appeared at Naples under the editorship of Dr. Achille Spatuzzi. Its title is "Il Propugnatore della Salute, Periodico d'Igiene Popolare,"—the advocate of health, a periodical of popular hygiene.

OBITUARY NOTICES.

S. B. ROBBINS, M. D.

Dr. S. B. Robbins died at Shelbyville, Ind., February 22, 1883, after a lingering illness, at the age of 39. He was much respected, and enjoyed an extensive and successful prtctice until failing health compelled him to retire.

ALVILDA G. SMITH.

At Adamsburg, Snyder county, Pa., March 14, 1883, died Alvilda G., wife of Dr. A. M. Smith, aged 33 years.

A most gentle and estimable woman, much beloved by all who were fortunate enough to know her, has gone from us. May God comfort her husband and parents. F. P. D.

QUERIES AND REPLIES.

MESSRS. EDS: What is the best antidote for alcoholic poisoning, emetics excepted? What the best to dissipate the odor in the breath?

Oblige yours respectfully, I. H. C.

Ans.—You will find these topics fully discussed in Napheys' *Medical Therapeutics*, 7th ed., pp. 557–571, to which we would refer you.

Dr. P. S., of Va. We can readily publish any pamphlet which you wish to have issued. On receipt of MS. we will send you an estimate.

MARRIAGES.

ARMSTRONG—BLAIR.—On Wednesday, February 28, 1883, by the Rev. R. B. Foresman, Milton N. Armstrong, M. D., of Blairstown, N. J., and Lizzie H. Blair, of Johnsonburg, N. J.

OTT—FORD.—On Tuesday evening, February 27, 1883, by Rev. L. P. Hornberger, Dr. Lambert Ott, formerly of Independence, Missouri, and Ida L., youngest daughter of the late George Ford, of Philadelphia.

DEATHS.

FISHER.—At Cologne, Germany, on February 13, 1883, at six o'clock, a. m., of congestion of the lungs, Alexander Ming Fisher, M. D., in the 26th year of his age, son of the late Lieut. Edward M. Fisher, and grandson of the late Col. Alexander Ming.

MILLER.—On March 6, 1883, after a lingering illness, Mary Agnes, only daughter of Dr. A. M. Miller, of Bird-in-Hand, Pa., in the 22d year of her age.